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ABSTRACT

Papers of the special study institute on Special Language Programming for Exceptional Children with Language Disorders focus on the following objectives: delineation of the development and functions of language as related to special language problems, clarification of the role of the speech and language specialist, and establishment of guidelines by presenting authoritative information on how speech and language specialists can be more effective. Following the keynote address by Michael Marge on the role of speech and hearing specialists in the management of language disorders, nine papers deal with three major topic areas. In the first of these areas, language development programs for preschool children, normal and deviant language acquisition and clinical goals for preschool language programs are discussed. Three papers concentrate upon language programs for children with language problems related to mental retardation, the second major subject area. Language training for children using dialectal forms of language, the third section, contains articles treating the role of the speech professional in dealing with problems of Negro dialect speakers, false assumptions about the nonstandard Negro dialect, training speech therapists for treatment of minority children, and implications for California school programs. (KW)

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SPECIAL LANGUAGE PROGRAMMING FOR EXCEPTIONAL CHILDREN WITH LANGUAGE DISORDERS

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Wilson Riles, Superintendent of Public Instruction, Sacramento, 1971

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SPECIAL LANGUAGE PROGRAMMING FOR EXCEPTIONAL CHILDREN WITH LANGUAGE DISORDERS

Proceedings of a Special Study Institute
Sponsored by the Division of Special Education
California State Department of Education

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FOREWORD

As part of a continuing effort to improve services for speech handicapped pupils in California's public schools, the State Department of Education sponsored a special study institute to focus on the needs of children with language disabilities. The presentations made at that meeting have been reproduced in this publication.

The needs of children with language disorders are vast, and the challenge to meet those needs is just as great. Recognizing this, the State Department of Education asked some of the most outstanding persons in the field of speech and hearing to contribute to the institute.

It is my hope that by publishing the proceedings, the ideas presented at the institute may be disseminated to a wider audience and be examined in greater detail. It is only by educating ourselves that we can educate others.

Hopefully, the ideas presented on these pages will give birth to a better education for ourselves and these children.

Wilson Riles

Superintendent of Public Instruction

PREFACE

The special study institute, "Special Language Programming for Exceptional Children with Language Disorders," was sponsored by the California State Department of Education. Its purpose was to bring together experts and trainees who sought to extend and share their knowledge and insight and to discuss problems they faced as educators of exceptional children who have language problems.

The institute program encompassed three major areas of responsibility for professional speech and hearing clinicians: language development for preschool children, language problems relating to mental retardation, and language training programs for children who use a dialectal language form. The area of language development for preschool children was highlighted in presentations by Paula Menyuk of the Massachusetts Institute of Technology and Laura Lee of Northwestern University. Rolland Van Hattum of New York State University College at Buffalo, Doris Johnson of Northwestern University, and Gerald Freeman of the Oakland Schools, Pontiac, Michigan, spoke on language problems relating to mental retardation. Language training programs for school-age children who use a dialectal language form were discussed in presentations by Kenneth R. Johnson, University of Illinois, Chicago; Joan C. Baratz of the Education Study Center in Washington, D.C.; and June M. Cooper, California State College, Long Beach.

Michael Marge of the U.S. Office of Education delivered the keynote address: "The Role of the Speech and Hearing Specialist in the Management of Language Disorders in Children."

The speakers at this institute focused on the following objectives: (1) to help the public school speech and language specialist by delineating and clarifying development and functions of language as they relate to the special language problems of exceptional children; (2) to clarify the role of the speech and language specialist in educating children who have language disorders; and (3) to establish guidelines and boundaries by presenting authoritative information and furthering discussion on the ways speech and language specialists may more effectively help children with language disorders. The institute was held in San Diego in November, 1969, and 200 speech and hearing specialists attended as trainees under the provisions of Public Law 85-926, as amended.

Frederick E. Garbee, Los Angeles, and Edward B. Stark, Sacramento, represented the California State Department of Education and were responsible for planning the professional program of the institute. They were assisted by Mrs. Pat Dembowski of San Diego State College as coordinator. We also express our thanks to the San Diego State College Foundation, John I. Hanson, Special Program Coordinator, for cooperation and assistance in presenting this institute.

LESLIE BRINEGAR
Associate Superintendent of Public Instruction; and Chief, Division of Special Education

EDWARD B. STARK
Chief, Bureau for Physically Exceptional Children

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The Need for Language Programs in California Schools

By Edward B. Stark
California State Department of Education

In preparing for my presentation this morning, I sat at length pondering the title. The longer I pondered, the more I began to question whether it was relevant; whether, indeed, there is a need for language programs in California schools. To compound the problem, I could not identify any surveys, data, or meaningful studies supporting the contention that there is such a need in California. Yet, as I move about the state in my job, everyone at all levels within our profession loudly proclaims the need and value of such programs. This is true in California and throughout the nation as a whole. In recent years, there has been a movement in speech pathology and educational circles to stress language and communication as our professional objectives in our effort to deal effectively with speech- and hearing-handicapped children. I do not challenge these objectives, but I do question the underlying assumption that programs should be altered drastically to accommodate such objectives in the absence of well-defined guidelines, goals, methods, and expected results. There is still much confusion in the operational definition and scope of language, in the relation of language to the traditional disorders of speech, and in the means to bring about behavioral changes in the language of children. Therefore, it becomes hazardous to suggest ways to structure programs when so little hard-core evidence is available on which to base our conclusions.

To discuss our program needs in a more positive way, I would like to issue a challenge to speech pathologists, linguists, and educators to define language more clearly, to spell out behavioral objectives, to develop reliable methods to deal with children with language disorders, and to suggest guidelines in the formation of programs to bring about positive results. This challenge is formidable but one that must be undertaken. We are remiss if we do not accept it.

If this challenge can be met, and there is every indication that it can, then we can get about the task of resolving some of our program needs. Much effort in recent years has been made to increase our knowledge of the development of language skills in children and the means to deal with them effectively. Evidence of this rests in the great number of inservice training meetings, conferences, institutes, short courses, and the like in the area of language. To increase our knowledge seems to be of ever-increasing concern within our professional ranks.

It might be appropriate here to mention the direction of this concern in the state of California. For many years, California speech and hearing programs were identified as being speech improvement in kind and mainly concerned with speech from a developmental and preventive point of view. Associated with this were large case loads, large groups, and limited concern for children with severe speech and language disorders. In the early 1960s our attitude changed. We moved into the era of the specialist and started to use a more clinical and remedial approach to children with speech and language needs. Philosophies changed, case loads dropped, and the needs of children were put into a more realistic perspective. We became very involved with the adequate assessment of speech and language, the role of the specialist, the attainment of results, and the overall professionalization of our services. This change in approach was accompanied by a drastic reducation in case loads, establishment of new credential requirements, improved training in assessment and remedial techniques, increased cooperation and activity within our profession, and the development of meaningful program objectives and guidelines. In the late 1960s we saw continued movement in California toward our present regard for those children and toward programs reflecting attention on language development and disorder. We seem to be concerned now with the broad aspects and development of language and communication and with the prevention of disorder. In view of this movement, have we now come full cycle in our concern for language? Are we now again considering speech improvement programs typical of the 1940s and 1950s? I hope not. I feel we have learned much about speech and language disorders in the past 20 to 30 years. We should now be prepared to assimilate what we have done in the past, to combine it with our current knowledge, and to devise our approach for the future.

If we accept the fact that we must clearly establish the need for language programs in the schools, then we must do our surveys, collect our data, and document our case. When this has been accomplished, then the real job faces all of us. It is at this point that we assume the real responsibility for the language needs of children within our schools. I'm hoping that all of us, in our own way, will help reach this end.

As we establish meaningful programs for language-disabled children in the future, we will have to resolve many practical and real problems, and many changes will have to be made. The legal provisions now authorizing our services will have to be expanded to include language disabilities and the means to reach children so involved. This will make it necessary to introduce enabling legislation and to develop program standards supported by law and regulation. It will be necessary to look long and hard at the role of the speech and hearing specialist in the schools to determine his capability to assume greater responsibility. Dr. Marge's address to you this morning will amplify this responsibility. Our college and university training programs will have to assume greater responsibility in preparing students to work effectively with language-disabled children and adults. This assumes imparting the necessary skills to identify those with language deficit, to assess the nature and severity of the language disorder, and to develop the appropriate treatment and technique to alter the behavior. The public schools need to be brought abreast of our objectives and knowledge and to assume their responsibility to meet the needs of children with language disorders. Administrators and teachers in particular need to be informed about language development and skills, including the ways that language skills can contribute to the success of children and the overall program. The need for personnel to man and to establish developmental and remedial language programs will be great. A massive recruitment effort will be necessary. The need to train and utilize supportive personnel will be critical. Parents will have to be used much more if developmental and remedial language programs are to be successful. State and local policies on program eligibility for certain children with certain behavioral characteristics will have to be examined. As an example, our state program does not currently recognize a child with a dialectal problem as eligible to receive services as a speech-handicapped child. In defense of such a policy, we should ask what the effect on the current funding of our program would be if many thousands of additional children with dialectal problems were included.

The school population in California is now over the four-and-a-half million mark. This represents potentially a lot of pupils who may be speech, language, and hearing impaired. Using a conservative 4-percent incidence factor, we arrive at a total of some 180,000 children who could be expected to qualify for programs in the public schools. Consider the fact that if the incidence figure is increased even slightly to include those pupils with identifiable language disorders, the number needing services would be staggering. Data compiled from the "Speech and Hearing Specialist's Annual Report" submitted by district speech and hearing personnel for the 1967-68 school year indicate 126,440 pupils, or an estimated 2 to 3 percent of the school population, were enrolled in programs for the speech and hearing handicapped. Some 6,000, or 5 percent, of these were pupils identified as having symbolic-language disorders. These figures show not only the magnitude of the problem but the task ahead of us to meet the need for greatly expanded language programs in California schools.

The public schools in California have come to represent a cross section of the nation as a whole. We have children possessing every conceivable language, speech, communication, or hearing disorder known to us. We have developed services to handicapped children – including the speech, language, and hearing impaired – which are unparalleled in this country. Other states and countries look to us as a model for providing services and instruction to handicapped children. It seems natural that California should assume a leadership role in providing for its children with language disorders. Let us document our need, combine our efforts, and begin what has to be done, for we are equal to the task. In meeting the need for language programs in California schools, we have nothing to gain but improved language skills of children in a world so desperately in need of better communication.

The Role of the Speech and Hearing Specialist in the Management of Language Disorders in Children

(Keynote Address)

By Michael Marge
Office of the Deputy Assistant Secretary for
Planning, Research, and Evaluation
U.S. Office of Education

My talk this morning has several purposes. First, I should like to discuss briefly why each of us is in attendance at this Institute. Second, it is my intention to review the general topic of language disorders in children, presenting some of my own personal observations for your critical analysis. And finally, I will attempt to delineate the appropriate role of the speech and hearing specialist in the treatment of language disabilities in children. It is as much my hope to raise questions as to provide answers and to encourage you to search on independently to extend your professional horizons in the area of language.

Incentive for Renewal

Almost from the very first day of its inception, the profession of speech pathology and audiology has been aggressive in its attempt to achieve professional excellence and independence. At times the medical profession may have felt that we were not only aggressive but belligerent as we demanded equal professional stature in treating communicative disorders. The rapid and successful achievement of professional stature has resulted from several factors. These are (1) active research and experimentation; (2) imaginative and creative professional leadership; and (3) an alert and youthful professional cadre of clinicians. Each of these factors has contributed to the development of an expanding body of knowledge about communicative disorders, to the growth of an effective professional organization, and to a capacity for renewal of professional knowledge and skills among the members of the profession. It is this last characteristic – the capacity for renewal – which has brought you and me to this institute. We are here together to explore new developments in the management of language problems in children and to discuss what changes, if any, must be realized in our professional role.

But underlying the desire for renewal there is a need to seek a more relevant role for ourselves and to become more effective clinicians in our service to the handicapped. The common complaint of the public school clinician is that he or she is faced with a preponderance of relatively insignificant problems with which he or she works. The escape from the schools to clinics by some speech clinicians may be due, in part, to a need to escape from boredom and from professional activity perceived as irrelevant. The prospect of serving language-handicapped children and the expanded role change required may result in a feeling of *relevancy* in the professional activity.

We also desire to improve continuously the effectiveness of our efforts. The key words of today's critics of health and education programs are *credibility* and *accountability*. The profession has not adequately answered the question, "How effective are we in treating communicative disorders?" We really don't know how effective speech therapy has been. Before we embark upon large-scale adoptions of new interventional techniques, it would seem the intelligent course is to study carefully how well we are doing with current methods.

In addition to providing services to those already handicapped, we should be concentrating on how to prevent the development of communicative disorders. Some of you have heard my appeal to this profession to think in terms of preventive programs, such as eliminating the scourge of stuttering from the face of the earth!

Your presence here, therefore, is the result of your dedication to the goal of providing the best possible services to all communicatively handicapped individuals.

The General Problem of Language Disabilities in Children

Let us turn to the second purpose of my talk – an overview of language problems in children.

The role of language and its related disorders in the emotional, social, and educational growth and development of the child is of considerable consequence. To understand better the significant influence of language on the child's behavior and to recognize the problems arising from language disability, you will need to review current theories of language acquisition in children, causes of language disability, the issue of definition and classification, and the scope of the national problem of language disability in children. You will need to consider the difficulties and limitations in the provision of necessary diagnostic and training services.

Language Acquisition in Children

During the past two decades, we have seen a dramatic change in the method of study of language behavior in children. At one time the scholar assumed that child language developed in a series of stages which were on the one hand deviations from the adult norms and on the other hand approximations toward those norms. Studies of language acquisition focused upon speech sound development, vocabulary growth, and, in a narrow sense, the acquisition of sentence structure and knowledge of grammar. The study of grammatical development was based on the supposition that we knew the child's grammar in advance and that it was reasonable to use categories of adult grammar to describe child language. But today a number of researchers approach the study of child language from other directions, with the following points in mind:

1. The fundamental question is, how do children acquire language in a remarkably short time span? For example, in a span of 24 months – beginning before one and one-half years of age and completed by three and one-half years of age – most children acquire grammatical speech and establish a basis for the development of adult grammar.

2. In the minds of many scholars, the study of language restricted to the traditional items of the development of speech sounds, vocabulary, and adult grammar has been relatively unproductive. Drawing from the theoretical constructs and methodologies of linguists and psychologists, specialists using the new approaches divide the study of language into three main branches: (1) sound; (2) form; and (3) meaning; they consider their acquisition and their interrelationships. Under form and meaning falls the study of grammar, which has become to many the principal object of interest. It has been observed that language acquisition in children progresses in a series of unique states from very short, telegraphic utterances to complex sentences which approximate the speech of adults. Changes in the successive grammars of children have provided a means by which to record and analyze growth in language.

3. Whereas the traditional approach to the study of language acquisition stresses verbal performance, a number of researchers have turned to the study of the development of linguistic competence. *Competence* refers to the knowledge which a native speaker of a language must possess in order to produce and understand any of the

infinite number of grammatical sentences of his language (McNeill, 1966, p. 17). *Performance,* as defined by linguists, is the overt expression of competence in the linguistic activities of listening, speaking, reading, and writing. Before performance can be understood, we must comprehend the development and operations of competence.

4. Environmental stimulation, once assumed to be the most significant variable in the development of language in children, cannot satisfactorily explain how language is acquired in a surprisingly short time. Despite the significant differences in child-rearing habits (including language stimulation) throughout the world, almost all children acquire language at about the same time. From cross-cultural studies of the effects of parental management on the linguistic achievement of children, one could conclude that a universal of language is that all normal children learn language by simply being exposed to it, without formal teaching. This suggests a biological predisposition for the acquisition of language, which may be described as an innate capacity for language learning. Through maturational development and in the milieu of an "adequate" language-stimulating environment, a series of states of readiness within the child – his innate capacities – leads to a sequence in language acquisition at relatively constant chronological ages.

Theories of Language Acquisition

The explanation for man's unique facility of speech, which, more than any other behavior, separates him from animals, has been the subject of study for centuries. In recent years two major schools of thought – structural linguistics and transformational linguistics – have emerged to provide substantial arguments in favor of their positions. Structuralism was introduced with the publication of Bloomfield's *Language* (1933), which dominated linguistic thought for two decades. The structuralists claim that language is a habit which a child acquires by imitating the adults in the child's environment. The proper study of language acquisition is the analysis of sounds and of the ways sounds are manipulated to form words and sentences.

In contrast with the structuralists' theory, some transformationalists contend that language is an innate, instinctively acquired facility, and the proper way to study child language is to begin with sentences and the rules by which they are formed. The term *transformationalist* refers to a proponent of the linguistic system based on the tenets of transformational-generative grammar. Noam Chomsky, the prime contributor to the theory of transformational linguistics, argues that the fruitful study of language centers on the characterization of grammar. Further, he and his collaborators propose that, though the child must hear someone speak before he can speak meaningfully himself, adult speech serves only to "trigger" the child's biological endowment for learning language.

Though both approaches have generated research and analyses which resulted in a rich literature containing many significant items of information, each approach leaves unanswered many questions about child language development. For example, some transformationalists place little stress on the importance of the environment in shaping linguistic performance since they hold that environment only "triggers" innate language learning mechanisms. But this contention is not necessarily supported by all proponents of the Chomsky school of thought. Some have recently reported evidence which underscores the significance of the influence of adult speech modeling and other contextual variables in the child's environment.

The two most popular theories of language acquisition in children contain elements which when combined provide a more credible explanation of the process of acquisition than each theory taken individually.

The process of the acquisition of language in children is the result of three major factors – heredity (anatomy and physiology, intelligence, and an innate capacity for language learning), maturation (a gradual unfolding of states of readiness within the child for linguistic performance), and environmental stimulation.

The onset of linguistic behavior from birth through six to nine months is most likely triggered by heredity and maturational factors. At that stage in development and thereafter throughout life, the environment becomes one of the major factors in the rate and level of language skills attainment. Most children say their first word around the age of one year. By the age of three years, most children have mastered the complex syntactical structure of the language sufficiently to be able to produce all major varieties of English simple sentences up to a length of 10 or 11 words. And by four to five years of age, most children have attained almost completely correct usage of the sounds and language forms used by the adults in the community. Therefore, whereas the onset of language is made possible by inherited capacities, the normal attainment of mature language skills is impossible without linguistic stimulation from the environment. Furthermore, with heredity and maturation factors held constant, the quantity and quality of child-rearing practices and parental speech explain the difference in rate and level of language skills attainment.

Language Disabilities in Children

We have discussed the normal process of language acquisition in the typical child. But what about the substantial number of children with language disabilities that impair their communication with peers and adults? What factors lead to the difficulties which they encounter? This is a most complicated problem and one that is directly related to the issues of definition and of classification.

Definitions of Normal Language

Definitions should not be accepted as fixed and immutable statements which describe and/or explain a given term, but should be perceived as tentative in nature and subject to continuous change. This is especially true of the definition of the term *language*, which refers to an area of knowledge undergoing rapid change and expansion. Language is defined in a number of ways according to the definer's major discipline and point of view. Most definitions of language allude to the purpose or purposes of linguistic units – sounds, forms, and meanings – which together make possible human communication of ideas, thoughts, and feelings.

The definitions which follow are based on certain assumptions drawn from several theories currently expounded. Essentially, the definitions are a synthesis of prevailing views concerning language and may represent the author's bias (Marge, 1968).

Earlier, the term *communications* was used in connection with language. As a referent to those means by which man interacts with his fellow man, communications is much broader in scope than the term language. Consider the following definition: "Communication(s) is any means by which man transmits his experiences, ideas, knowledge, and feelings to his fellow man." Included under this definition are speech, sign language, gesture, writing, or any other code which permits messages to be converted or transformed from one set of signs to another; e.g., written signs to speech (Denes and Pinson, 1963, p. 1).

It should be noted that communications includes "any means" by which humans interact.

Language (we are concerned here only with spoken language and not with written language) is the most common means of communication. In its broadest sense, language is "a system composed of *sounds* arranged in ordered sequences to form words and morphemes (Hockett, 1958, p. 123) and the *rules* for combining these elements into sequences or strings that express thoughts, intentions, experience, and feelings" (Chomsky, 1967, p. 397). Thus, language is made up of phonological, morphological, syntactic, and semantic components, which must be learned to understand and speak a given language.

Specific terms used are further defined as follows:

Sounds are analyzable as sets of distinctive features (phonemes) and the laws governing the permitted sequences and selection of sounds in a given language (Chomsky, 1967, pp. 402-404).

Morphemes are the smallest individually meaningful elements in the utterance of language.

Rules are ordered ways in which sentences are formed. Syntax refers to rules for placing words in specific order.

Thoughts, intentions, and feelings are meanings communicated through use of words and sentences. (This definition refers to the semantic aspects of language production.)

Though our definition of language focuses upon spoken language, it can be easily extended to include the other linguistic activities of listening, reading, and writing.

Important to an understanding of language is a distinction between "speech community" and "dialect speech community":

Speech community means that set of people who communicate with each other, directly or indirectly, via a common language as defined above (Hockett, 1958, p. 7).

Dialect speech community means a set of people who communicate with each other, directly or indirectly, using a language (as defined above) which is not typical of that spoken by the dominant dialect group in the particular geographic region. The language used by this subset of the community may differ from the dominant one in terms of its phonological, semantic, or syntactic components or some combination thereof.

Definitions and Classification of Language Disabilities

We turn now to a consideration of language disabilities. The attempt to define and classify deviant language behavior in terms of etiology was discussed earlier and judged to be a relatively unproductive approach for a number of reasons. Irwin (1964, p. 185) observes that the traditional scheme of classification of communicative disorders, which is predominantly etiological, has been an unfortunate development. The scheme is not consistent in the manner in which it describes a disorder either in terms of output or in terms of condition. Irwin further observes that the traditional scheme has had a powerful influence on the development of the field of speech pathology and audiology by shaping speech and hearing training programs, clinical organizations, and research and therapy throughout the country.

There are a number of other reasons for dissatisfaction with the current classification scheme and its emphasis on etiology. First, the reference to etiology implies that possibly there is a primary single cause for the deviant behavior, that once the cause is identified, it may be corrected, resulting in substantial gain in the process to eliminate the disability; that etiology provides the single most significant criterion by which to determine the differences between and among language disabilities; and that the classification by etiology provides a convenient way in which to plan for a program of corrective measures and training.

Therefore, in addition to etiology, it is important to obtain information about the child's level of language development according to linguistic milestones for typical children in his speech community. This information should include the developmental level of speech sounds, vocabulary, concept formation, and, most essential, sentence formation (syntax). Besides providing a status report of the child's linguistic profile, it is useful during the training program in determining whether the language disability represents a developmental retardation or was acquired after the development of normal language function.

With these factors in mind, we sought definitions and a classification system which would represent a simple and meaningful approach to the problems of language. The following classification of language disabilities was recommended by the American Speech and Hearing Association Committee on Language:

1. *Failure in acquisition of any language.* Children who by age four years have not shown any sign of acquiring the language of their speech community as defined above fit in this classification.

2. *Delayed language acquisition.* Children whose language acquisition is below levels attained by their age peers in their speech community are considered to have delayed language acquisition. The delay may occur in all, one, or some combination of the phonological, semantic, and syntactic components of the language of their speech community.

3. *Acquired language disabilities.* Members of a speech community who have at some point in their developmental history acquired the language of their speech community and who, subsequent to such adequate language acquisition, suffer a complete loss or reduction of their capacity to use the language common to their speech community are considered to have acquired language disabilities.

Little has been said about the communication problems of members of a dialect speech community. For several reasons the definitions of language disability purposely avoid any reference to dialect as a handicap. A language disability either prevents or seriously hinders communication within a speech community. Most students of language agree that a dialect, such as Negro dialect, represents a bona fide language system which allows its speakers to effectively communicate with one another. The determination of whether a dialect speaker has a language disability is a function of (1) deviations in language within the dialect form; and (2) the speaker's desire and capability for social and economic mobility from the dialect speech community to the major language community. Within the confines of the dialect speech community, the average speaker of dialect is not at all disabled, since his language serves him well in the expression of thoughts and feelings. However, if he has developed a serious deviation in language functioning within his dialect, he may be said to possess a disability. Or if the speaker of a dialect attempts to move into the greater society and does not possess the linguistic skills necessary for meaningful and effective communication within the major language community, he may be said to possess a disability. Linguists such as Stewart (1967) and Bailey (1967) emphasize that the study of dialect is unrelated to the question of what constitutes a language problem, and when perceived in the context of typical speech patterns within a dialect speech community, this contention would not be disputed. But if the speaker of a dialect wishes to attain social and economic mobility, his dialect alone will most likely not suffice. He must learn the language of the major community while maintaining his skill in the utilization of the dialect.

Throughout this discussion of definitions and classification of language disabilities, the pertinent relationship between the comprehension and expression of language has not been explored. There is some research evidence to support the view that passive control and comprehension of grammar appears earlier in the child's development than active control and production of grammatical utterances. It is entirely possible, therefore, for children to understand the language of others without having acquired any proficiency in the expression of the language. This implies that the semantic development, involving concept formation, precedes the acquisition of expressive language. Once the child understands the meaning of an object or event, he is prepared to apply names or labels to them. Such skill in labeling facilitates concept formation and the acquisition of language. It was proposed earlier that certain factors must be present to some degree before language may be acquired in the child. The most essential factors include normally developing speech and hearing mechanisms that allow the child to receive and understand the oral language of others and to express utterances that continue to approximate and eventually match the utterances of adult speakers; a degree of intelligence that allows for some learning and intellectual functioning; and sufficient environmental stimulation to trigger the readiness stages leading from one plateau of language learning to the next.

It is also possible that children may not understand the language of others and therefore cannot develop expressive language. The child with a severe hearing loss who is unable to perceive the oral language of others may not develop the passive control and comprehension of grammar found in his peers with normal hearing. The categories of language disability adopted here therefore refer only to the expression of language and do not imply anything about the child's ability to comprehend the language in his linguistic environment.

The acquisition of language in the child may be perceived from the aspect of language proficiency; that is, sufficient skill in the use of the language of his speech community to function effectively in all or most communicative situations. In Figure 1 we find a representation of the continuum of language proficiency, covering a broad range from the absence of "oral language ability" to the acquisition of "superior language skills development." Two broad divisions are identified – language disabilities and language proficiency – within which there are varying degrees of language skills development. Under language disabilities, the range from total absence of language to mild language disabilities is represented. Language proficiency varies from language development of the typical child to the high levels of linguistic ability. The continuum demonstrates the great range of variation in the study of language acquisition in children. Even those who have acquired normal language by age four reveal noticeable individual differences in their development and ability to use their linguistic skills.

Language Disabilities		**Language Proficiency**
Absence of language ability	**Severe disabilities — Mild disabilities**	**Average language skills development — Superior language skills development**
(No language development since birth, Type I; or acquired language disability, Type III)	**(Delayed language development, Type II; or acquired language disabilities, Type III)**	

Figure 1. Continuum of Language Ability

To understand the relationship between children with language disabilities and children who speak a so-called dialect, such as Negro dialect, or who speak a foreign language as their native mode of expression, one should apply the linguistic proficiencies of the child to the scale in the continuum of language proficiency. If the child cannot speak at all the major language of the society in which he intends to function, he would be classified as a Type 1 disability. If he has some ability, though limited, to communicate in the major language, he would be classified as Type II disability. As mentioned earlier, he also may possess a disability in his native language or dialect, and in such a case, he would be classified in the same manner. The child who proficiently speaks a native language other than the language of the major speech community and the child who has limited or no ability in his native language requires different interventional techniques. It is sufficient now to say that the proficient dialect or foreign language speaker should be taught standard English as a second language and should not be managed as a child with reduced or no oral language ability.

The National Scope of the Problem

Problems related to the provision of necessary services to the child with language disabilities may be considered according to (1) the incidence and current prevalence of language disabilities and the status of interventional techniques for language disabilities; and (2) the availability of professional services and the gap between demands for services and current resources.

Incidence and Prevalence of Language Disabilities

There are noticeably few studies of the incidence and prevalence of language disabilities in the total population. The best estimates are based on small population studies that use different definitions of linguistic disability and methodology so that comparisons between and among studies cannot readily be made. And, of course, extrapolations from the findings in these studies to the general population must be done with great caution and tolerance of broad error. At best, the current estimates are only approximations, which serve to set some limits to the question of need. As a step to ameliorate this situation, the United States Office of Education has funded a long-term broadband study of the prevalence of speech, language, and hearing problems in school-age children (Hull and Timmons, 1966).

Without any complete national statistics related specifically to the problem of language disabilities, an attempt was made to answer the question of magnitude of the problem by obtaining estimates of language difficulties among various handicapped populations and by pooling the data under the suggested classification scheme. Table 1 summarizes these data, which relate only to oral language disabilities.

Several cautions should be heeded in the use of these figures. First, in what may appear to be an obvious contradiction of what was said earlier by the author concerning etiology, the estimates are based on current reports of oral language disabilities among children with specific handicapping conditions, such as deafness, mental retardation, and emotional disturbance. Therefore, data from studies on handicapped populations classified according to primary etiological factors were pooled and reclassified into a different scheme. Such a practice is subject to serious question and must render the data as only speculative. Second, several assumptions which were used to group the data from the various traditional categories can easily be challenged. One assumption is that the failure to acquire any oral language by age four is a rare event. Another assumption is that almost all acquired language deviations (Type III) result from conditions of adventitious hearing impairment and neurological deficits.

Table 1 does not provide any information about the number of children who speak either a dialect or a foreign language and have experienced or will experience difficulty in achieving social and economic mobility in the major speech community. Of the entire population of nonwhite children in the United States, it is estimated that approximately 75 percent would fall into the category of those in need of language training in order to function in a society of standard English speakers.

Given a 1967 nonwhite United States population of 6,766,000 children from ages six to seventeen (U.S. Bureau of the Census, 1968, p. 11), we estimate a population of about 5,074,500 with current or potential language handicaps. Combining this estimate with the total of children with Type I, II, or III disabilities reported in Table 1, results in a grand total of 8.7 million children with oral language disabilities.

Availability of Services

The national problem of language disabilities in children is compounded by the lack of adequate manpower to provide necessary services of identification, diagnosis, and training to all children in need of them. Table 2 summarizes the current estimates of available manpower, excluding professional personnel from medicine and psychology necessary for diagnosis and some aspects of training.

TABLE 1
Estimates of Prevalence and Incidence of Oral Language Disabilities by Type in Children Ages 4 to 17 in the United States

Type of language disability	Current prevalence (a)	Percent of incidence (f)
I. Failure to acquire any language		
A. At age 4	25,340 (b)	.60
B. Ages 4 to 17	44,400 (c)	.08
II. Delayed language acquisition	3,444,900 (d)	6.20
III. Acquired language disability	144,200 (e)	.25
Totals	3,633,500	6.53

(a) The total population of children ages 4 to 17 years in the United States for 1967 was 55,697,000. (Source: U.S. Department of Commerce, Bureau of the Census, 1968.)

(b) Represents the total number of children estimated to have failed to acquire any oral language function by age 4. Includes 100 percent of profoundly mentally retarded, 90 percent of severely mentally retarded, 10 percent of congenitally deaf, and 25 percent of emotionally disturbed.

(c) Represents the total number of children estimated to have failed to acquire any oral language function between 4 and 17 years of age. Includes the total in (b) and 100 percent of children ages 5 to 17 who are profoundly mentally retarded and 25 percent of children ages 5 to 17 who are severely emotionally disturbed. It is assumed that almost all the deaf, all the seriously mentally retarded, and most of the severely emotionally disturbed who are included under (b) will have acquired some language by puberty and are, therefore, classified under Type II disabilities.

(d) Represents 10 percent of severely mentally retarded, age 4, and 100 percent of severely mentally retarded, ages 5 to 17; 100 percent of moderately mentally retarded and 80 percent mildly retarded, ages 4 to 17; 90 percent of congenital deaf, age 4, and 100 percent of congenital hard of hearing, age 4; 100 percent of congenital deaf and hard of hearing, ages 5 to 17; 10 percent of emotionally disturbed, ages 4 to 17; 50 percent having specific learning disabilities, ages 4 to 17; and 95 percent of the speech handicapped not included in other categories, ages 4 to 17.

(e) Represents 100 percent of adventitious deaf and hard of hearing, ages 4 to 17; and 10 percent of speech handicapped, ages 4 to 17, primarily related to acquired neurological deficits.

(f) Incidence was estimated by dividing the total number of children in the United States within a specific age range into totals under each type of disability.

TABLE 2
Estimates of Language Specialist Manpower Resources in the United States

Type of professional personnel	Number of professional personnel	Types of services provided	Recommended professional/child ratio
1. Speech pathologists and audiologists	17,000(a)	Diagnosis and training for types I, II, III language disabilities	40
2. Special education teachers:			
A. Teachers of the deaf	5,530(b)	Training for types I, II, III language disabilities	7
B. Teachers of the hard of hearing	660(c)	Training for types I, II, III language disabilities	20
C. Teachers of special learning disabilities	4,000(d)	Diagnosis and training for types I, II, III language disabilities	20
Total	27,190		

(a) Speech pathologists and audiologists from all job environments who are engaged in providing services. (Source: estimates provided by American Speech and Hearing Association.)

(b) Total teachers of deaf elementary and secondary children is 5,528. (Source: *American Annals of the Deaf*, CXII (May, 1967).)

(c) State plans for Title VI-A of ESEA indicate that the number of teachers of hard-of-hearing children in local public schools is 666. (Source: U.S. Office of Education, 1968.)

(d) Source: Personal communication from Corrine Kass, formerly coordinator of Special Learning Disabilities Unit, Bureau of Education for the Handicapped, U.S. Office of Education.

The estimates in Table 2 are based on the assumption that the professional personnel listed are sufficiently trained or could be readily trained to manage the various types of language disabilities. Excluded from this summary are an estimated small number of clinical child psychologists and applied linguists who may be currently engaged in the provision of services. Recommended ratios for professional to language disabled children range on a continuum from one to seven for teachers of the deaf to one to forty for speech pathologists and audiologists. But with a professional cadre of only approximately 27,190 to serve 3,633,500 children, a ratio of one professional to 133 language-handicapped children, the problem becomes considerably acute.

With this limited resource in professional manpower, even if the estimates are only approximately correct it can be readily seen that the need for management services is far greater than what is available. It may be necessary to use the services of several specialties in order to conduct an effective program of diagnosis. Medical or psychological treatment may be required before the child is introduced to a specific training program or may be offered concurrently with the language management program. The need for team effort is more critical during the identification and diagnostic stage than after a prescribed management program has been instituted.

Another factor which complicates the national problem of language disability is the availability of services in all regions of the United States. Parents and their children from sparsely populated sections may have to travel miles to obtain necessary services. Even in urban areas, where most centers providing services to the linguistically handicapped are located, parents complain of long waiting periods before their children are placed in a management program.

Finally, the comprehensiveness of services – both diagnostic and language training – offered by the agency raises the question of adequacy of programming available to meet the needs of children with language handicaps. The quantity and quality of services in each agency are dependent upon many factors, some of which are training and expertise of professional personnel, type of professional disciplines represented, number of personnel, priorities for managing handicapped children, physical facilities, and community need and demand for services.

The Role of the Speech and Hearing Specialist

The process of managing any program which provides services and special training to the handicapped may be evaluated by determining if three criteria are met. These criteria are:

1. *Comprehensiveness of services.* Every effort should be made to provide the handicapped individual with the best quality of services and training necessary to attend to his specific needs.

2. *Continuity of services.* From the time the handicapped individual is entered into a program of services and training to the time he is successfully released, he should be provided with a consistently effective program.

3. *Coordination of services.* Related to points (1) and (2), a mechanism is necessary for assuring that the individual benefits from the combined efforts of all pertinent agencies and persons in a given community throughout the period of his program of services and training.

What implications do these factors have for the best management practices for children with language disabilities?

First, it is proposed that language disabilities are best managed by the responsible professional person or agency which has available and frequently utilizes a team of specialists throughout the entire program of training. For example, in diagnosis of the language problem, it is not enough to use a comprehensive approach with a team of consultants just for the initial examination. It is untenable to believe that an initial examination alone provides all the necessary information for the development of an effective training program. The diagnostic process, which should continue throughout the program of intervention and often results in essential modifications of techniques and direction, requires the continual use of a team of consultants to provide the managing professional with a dimension of comprehensiveness of approach.

Another implication is that some one agency or professional person should accept responsibility not only for initiating the program but also for managing it from its inception to its termination. The fact that some children are not managed by a single professional resource in the community may be a function of the belief that the parents are responsible and not the professional. The practice of making a diagnosis in one agency and offering language training in another is a common problem in the current provision of services for atypical children and one which has resulted in serious complications for specialists as well as for the child and his family. Some of these complications include confusion of goals and practices resulting from differences in professional definitions and philosophies, difficulty in providing a smooth transition for the family from one agency to another, and duplication of effort when the diagnostic procedures have to be repeated. Also, lack of coordinated management often leads to "agency shopping" by the family, in which case the child shifts from one service agency to another during the critical stages of the child's language development, with long periods of interruption or reduction in intensity of programming. Among the most serious repercussions of this practice may be the loss of the child's motivation for and cooperation with the language training program.

And finally, to insure the provision of the best possible services throughout the training period by drawing together all necessary elements, some one person or agency should function as liaison with various professionals in the community, with the schools, and with the family. In the management of atypical children, one often finds serious gaps in communication among diverse groups of specialists interested in the child, not only at specific times during the management process but throughout the program of services.

Specialists in the Management Role

The type and nature of the management process is primarily determined by the language limitations and assets currently possessed by the child. Other influential factors include the availability of ancillary professional personnel, limitations of current evaluation and interventional techniques, and the skills of the language specialist. The success of the management program is primarily dependent upon the professional who is responsible for the child. Ideally, he should be the "manager of the language program" and should have the skill to handle all types of severities of language disability. Furthermore, he should have a grasp of the current knowledge about language and its related disabilities, including theory and training in child psychology, speech pathology and audiology, descriptive linguistics, psycholinguistics (especially, child language acquisition), and teaching English as a second language, in addition to a substantial background in early childhood and primary grade education. This idealized specialist should be capable of managing the diagnostic process and training program for any child with language problems. He should possess a working knowledge of necessary diagnostic tests and procedures, of the contributions of other professionals who may be involved in the diagnostic process, and of the various types of interventional techniques available for meeting the individual needs of children. Also, he should have the professional skill to coordinate the various resources to provide the child with necessary services, even to the extent that he may actively engage in both the diagnosis and training program. If he does not actually perform the training, but transfers this responsibility to one of a number of specialists, he should retain a supervisory and resource role in the program. I am suggesting that the speech and hearing specialist begin to assume the role of "language manager," since he is most likely the best qualified professional to do so.

Management Services in Regular Day School Programs

Though the exact number of public and nonpublic regular day school systems which offer special services to children with language disabilities is not currently known, it has been estimated that 59.1 percent of the nation's elementary schools and 40.7 percent of the secondary schools have available the services of an estimated 9,000 speech clinicians (NEA, 1968, pp. 105 and 116), who, in many cases, can provide appropriate management of the language-handicapped child. In addition, there are an estimated 5,600 teachers of the deaf and hard of hearing who manage day school programs, and an estimated 4,000 teachers of special learning disabilities. Few school programs offer a full range of management services for all types of language disabilities, except for Type II, and not all can be expected to meet the needs of these children.

Further, the other criteria of good management are met by few school systems. Most educational programs in the schools list the development of speech and language skills as one of their major objectives, and instruction in these skills for the typical child is interwoven throughout the curriculum. However, though there has been a steady growth, his needs are far from being met.

It would appear that the ideal setting for the provision of a full range of language training is the schools, because (1) they are geographically accessible; (2) they occupy a substantial part of the child's day and therefore make him available for extensive and intensive intervention; (3) they allow for the specific training program to function within the meaningful context of the educational curriculum; and (4) they are best suited for maintaining continuity of programming throughout the child's elementary and secondary educational career.

Conclusion

As you can determine by my presentation, the study of language and its related disorders is by no means a simple matter. It is complex and complicated. If I have given you the impression that there are many answers which can be readily applied to dramatically improve your professional capabilities, I stand in error. There are many bits of information, some meaningful to the provision of services and some not. We are far from the truth but are making every attempt to approximate it. As Lemierre has said, "It is a profound mistake to think that everything has been discovered; as well as to think the horizon the boundary of the world."

On behalf of the Bureau of Education for the Handicapped, U.S. Office of Education, I extend to you our best wishes for a successful conference but even more, Godspeed on your personal search for renewal.

Thank you.

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Language Acquisition: Normal and Deviant[1]

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Many disciplines can contribute to our understanding of the language behavior of children whose language acquisition is normal and children whose language acquisition is deviant. These disciplines are concerned with the physiological and psychological growth of the child and can tell us about a child's developing sensory-motor and cognitive abilities. However, they do not describe the process of the child's developing and changing comprehension of the meaning of utterances nor of his developing and changing production of utterances to convey intended meaning. Neither do these disciplines explain the changes that occur in linguistic behavior as the child matures, since the process must be described accurately before it can be explained.

Until recently, normal development of language was described in the following manner: As the child grows his output grows. In essence the child becomes more like the adult in his linguistic performance. Deviant development of language is either given a diagnostic label (hard of hearing, deaf, mentally retarded, and the like) or put in a diagnostic category (delayed language, articulation disorder, word-finding difficulty, and the like).

Sometimes differences were grossly described (a number of speech sounds were substituted, omitted, and distorted; a number of parts of sentences were omitted or substituted; or below-normal scores on some tests of psycholinguistic or vocabulary abilities were achieved). In other words, it was, to a varying degree, difficult to understand some children because of known or unknown causes. These descriptions also did not include the sequence of development of comprehension and production of language either by the child who was using normal language or by the child who was using deviant language.

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The descriptive model of a current theory of language attempts to describe the adult native speaker's knowledge of the language or how he comprehends the meaning of utterances. The topics of this discussion are (1) the application of this model to a study of the language development of children; and (2) the implications of research findings with normal speaking children for studying, understanding, and modifying the language behavior of the child who is not developing language normally.

The descriptive model of language used in current research in language acquisition presupposes that the native speaker of a language knows what a sentence is, what a word is, and how a word is used in certain contexts. That is, the native speaker of the language has knowledge of the syntactic, semantic, and phonological rules of the language. Following are some examples of the kind of knowledge the speaker has:

1. A sentence is composed of a noun phrase and a verb phrase. A string such as "John rang the bell" is a sentence, but a string such as "rang the bell" is not a sentence.

2. A noun phrase is either the subject or the object of the sentence. "John" is the subject of the above sentence, and "the bell" is the object. "Rang" is neither. It is the verb of the sentence.

3. A word is a syntactic class (noun, verb, determiner, or the like), and a marker (for example, a plural marker). Thus, "bell" is a word but "the bell" is not.

4. Words in a sentence have syntactic and semantic properties. "John" in the above sentence is a noun, singular and proper, and also human and male. Thus, "John" can be the subject of the particular verb "rang" but not the object of the verb "rang."[2]

5. Words are composed of a sequence of speech sounds, each of which is made up of a bundle of distinctive features which characterize the articulatory and acoustic qualities of the sound. Thus, "John" might be partially described by the following matrix of distinctive features:

Features	*dz*	*a*	*n*
Consonantal	+	–	+
Vocalic	–	+	–
Nasal	–	–	+
Strident	+	–	–

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[2] "John" could be the object of "rang" in such sentences as "I rang John yesterday," meaning "I rang John on the phone yesterday."

This syntactic, semantic, and phonological knowledge is presumably used by the native speaker to understand and produce sentences. It has, therefore, been hypothesized that, to understand a sentence, one must determine the underlying syntactic structure of the sentence, the semantic properties of the lexical items (words) in the sentence and their relationship to each other, and the phonological features of the lexical items – in a process that has been described as analysis by synthesis (Halle and Stevens, 1962). That is, by a series of successive approximations, the structures, properties, relationships, and features of a particular sentence are regenerated by reference to the native speaker's knowledge of the syntactic, semantic, and phonological rules of his language and to his knowledge of how they interact with each other to derive the meaning of the sentence. To convey intended meaning these same rules are used to formulate and produce a particular sentence.

If this is the procedure used to understand and produce sentences, then, supposedly these rules in the grammar of the language are what the child must and does acquire along with language. Recent research on language acquisition has been focused on describing the structure and nature of the syntactic, semantic, and phonological rules used by the child at various stages of development. This research has indicated that the child makes the following linguistic observations and changes over the language acquisition period (Menyuk, 1969):

1. The child detects and recognizes abstract features such as sentence, word, and speech sound.

2. The child stores in memory these abstract features as descriptions or rules to comprehend and produce utterances. For example, at one stage he has the rule topic and modifier and produces unique utterances from these rules ("Shoe off," "Pretty fan," "Here truck").

3. The child adds to his descriptions as his storage (memory) capacity grows and as he reorganizes his utilization of this capacity. For example, at one stage he may have the rule topic plus modifier and the rule subject plus predicate ("Here truck" and "Truck go") to generate sentences. At a later stage of development he has only the rule subject plus predicate.

4. The child rejects those descriptions that do not fit the data. For example, at one stage of development he produces negative sentences such as "No play ball" and "That no big boy" and question sentences such as "Who that is?" and "Where does he goes?" The descriptions which generate these sentences are rejected for those which generate sentences such as "I won't play ball," "That isn't a big boy," "Who is that?" and "Where does he go?"

5. The child not only adds descriptions to his grammar, but he changes the nature of these descriptions. For example, at one stage of development he adds sentences together ("The boy was hit and he cried"). At a later stage he embeds sentences in one another ("The boy who was hit cried"). It should be noted that these changes are not simply a matter of producing longer sentences. In the sentences given below, the rule acquired and used later shortens the sentence length.

	Tense	*Modification*
Earlier	The boy is playing	The water was boiling and it spilled
Later	The boy played	The boiling water spilled

In summary, the child searches for and finds certain generalizations about his native language which are not evident in the data that he hears. They are abstractions or structural descriptions of the possible form of sentences. His memory capacity grows and new descriptions are replaced as the child tests his descriptions against the incoming data and as he reorganizes his use of memory capacity. Not only does the number of descriptions change as the child matures, but their nature also changes, indicating that the depth rather than simply the length of the child's analysis of sentences has increased.

Three aspects of this normal development of language should be emphasized in conjunction with studying, understanding, and modifying the behavior of the child who develops language in a deviant manner. First, by age three to four, the child shall have acquired all the basic syntactic structures that he will ever use. Second, throughout the developmental period, the child's behavior is nonrandom. He does not produce bits of sentences up to the limit of his memory capacity; rather, he uses the rules in his grammar consistently to understand and produce sentences. As the rules change, consistent use of these new rules is observed. Third, his development of language appears to be a dependent sequence. That is, he acquires and uses one type of rule *before* he acquires and uses the next type of rule. For example, he develops verb phrase (tense, auxiliary, modal plus verb) before he acquires and uses complete rules for negative and question sentences. The following are some examples of the progression:

A	*B*	*C*
I not play	I do play	I don't play
Daddy go?	Daddy is going	Is Daddy going?

The descriptive model has been applied in analyzing the language behavior of children who are not developing language normally

(Menyuk, 1969). The language behavior of some children displays a varying degree of deviancy, ranging from the slightly deviant to the markedly deviant, without showing any hard evidence of the cause of the deviancy. A structural analysis of the sentences produced and understood by a group of these children indicated that the structural descriptions in the grammar of these children are fewer. Changes in the rules used did not vary over a three-year period. Old rules were not being rejected or replaced by new rules, and new rules were not being added to the grammar. However, rules were being used in a consistent manner to generate and comprehend utterances. These were minimally redundant rules. For example, subject plus predicate sentences were being produced, and negative and question sentences were being produced by adding negative and question markers. The following are examples of some possible sentences used by the group.

1. Him play ball
2. Him not play ball
3. Why him play ball?

A further analysis of the linguistic performance of these children when producing sentences spontaneously and when repeating sentences indicated that perhaps a deficit in immediate memory span was the cause of the differences in the grammar of these children.

A study of a group of language-deviant children was completed recently (Menyuk and Looney, In preparation). These children were asked to repeat sentences containing simple syntactic structures: active, declarative, negative, question, and imperative. The sentences were controlled for length (three to five words). Each type appeared six times. The behavior of these children was consistent; for example, even in the shortest sentences some of the children never used the auxiliary verb and modal. The children were also asked to repeat sentences which contained most of the speech sounds in the language in initial, medial, and final position. For the most part the sentences were short (five words in length), simple, active, declarative sentences. Again, consistent behavior was found, perhaps reflective of these children's decreased short-term memory abilities. For example, a final strident in a word (*nose*) was repeated significantly more frequently than the final strident marking plural (*shoes*). The same tendency was observed in a comparison of a word (*dress*) and third person singular markers (*makes*) and of a word (*friend*) and past tense markers (*named*).

The language acquisition of some children in this group identified as language disordered without evident cause was deviant only in the speech sound component of the grammar. These children also displayed lawful behavior (Menyuk, 1968). For example, one child produced /*t*/, /*d*/, /*k*/, and /*g*/ as /*d*/ in initial and medial position but unvoiced /*d*/ in final position, producing it as /*t*/. Because of the phonological rules in his grammar, he would produce both the word *date* and the word *cake* as /*date*/. The possible confusions resulting from these rules are quite numerous.

With another population – a population of deaf children – the reason for the deviant acquisition of language is clear. Just a brief examination of some written samples of the language produced by these children does not indicate that, like the previous population, there is statistical evidence that these children behave consistently as a group.[3] Further analysis may reveal these consistencies. However, their language behavior appears to be consistently reflective of three influences. One of these is the influence of teaching. For example, a child may produce all verb forms as infinitives ("The boy to go to the store"). This may be indicative of emphasis placed on a particular form in the teaching of language. The second influence appears to be the influence of sign language where, presumably, the word order of English sentences is not preserved ("The truck the girl pushed"). The third influence seems to be developmental. There are some strings produced by this population which appear to be the direct result of a developmental stage, and, in fact, these same types of strings are produced by children who acquire language normally ("It isn't any more books").

Several results of the analysis of the linguistic behavior of the population of the children described above who are acquiring language in a deviant manner should be stressed. First, like children who acquire language normally, these children display lawful and rule-governed behavior. This is characteristic of all humans – to search for, detect, and store abstract features which organize the phenomena in their environment. Second, the language behavior displayed by these children can be analyzed so that possible explanations for the behavior can be obtained. These explanations can lead to therapeutic techniques which take them into account and circumvent deficits and problems such as limited immediate memory span and the influence of sign language.

In the discussion of the linguistic behavior of children who acquire language normally, the fact that a *sequence* of acquisition was observed was stressed. Further development is dependent on previous acquisitions. The language behavior of children who acquire language in a deviant manner is distorted by the psychophysiological capacities of these children. It is possible, in addition, that the educational experiences of these children distort their behavior as well. These experiences may not utilize the human capacity to search for and detect abstract features but may rely more on imitation and memorization of bits. These latter procedures do not seem to result in effective storage and regeneration of aspects of the grammar. The educational experiences of these children may also fail to present them with a logical sequence of various aspects of the grammar so that they can build on previous acquisitions. Working together, the psycholinguist and the educator can describe the language behavior of the child who is developing language deviantly and can find fruitful ways to positively modify this language development.

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[3] These written samples were collected by Professor Stephen Quigley, Institute for Research on Exceptional Children, University of Illinois, as part of an ongoing research project.

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Clinical Goals for Preschool Language Development Programs

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Language acquisition proceeds so rapidly in a normally developing child that up to the last 20 or 25 years, it was largely taken for granted as a natural and inevitable part of childhood development. The amount of attention more recently paid to language learning by psychologists, linguists, psycholinguists, and speech pathologists has led to the accumulation of a great deal of information on the language learning process. Many of these research findings have important implications for clinical teaching with children whose language development is atypical. For example, the linguist's terms, *phonology, lexicon, syntax,* and *morphology* are useful to a speech clinician as a way of delineating specific areas of language with which she must be concerned. As professionals, we have been accustomed to think in terms of *articulation* and *language,* as though these were separate clinical problems and as though anything that was classified as articulation couldn't be classified as language. Linguistics, especially psycholinguistics, indicates many points of overlap and interrelatedness between the learning of speech sounds, words, and grammatical structure; it is useful to a speech clinician to realize that these three areas are all part of the language which a child is learning and that she may have to provide instruction simultaneously or intermittently in all of them. Keeping in mind these three areas of language (speech sounds, vocabulary, and grammar) helps a clinician to analyze her immediate teaching problem at any given moment.

By way of illustration, let me relate three incidents from our own clinic which are familiar stories to any speech clinician. Since university clinics are teacher training centers, these particular vignettes involve student clinicians who are learning the hard way – through mistakes.

The first incident involves the following dialogue:

Clinician: He wanted some candy. He went to the store. What did he do?
Child: He want the candy. He want the store.

Clinician: No, he went to the store. Say that. He went to the store.

Child: He went the store. He went the candy. I went the candy, too.

Clinician: No, he wanted the candy. So what did he do? He went to the store.

Child: He wented the candy. He wented the store.

At this point, the student clinician steals a furtive look at the one-way mirror; she is painfully aware that a whole class is observing her frustration. At the staffing, her problem is discussed. This incident involves all three areas of language. The syntactic problems – past / present tense and direct / indirect object – are obvious: "he wented / he wanted; he want the candy / he went the store." But the grammatical problems are not the most basic. They could not be solved merely by having the child insert the word "to" into "He went to the store." The vocabulary problem of distinguishing two utterly different meanings for *went* and *want* must be clarified for the child before he is asked to distinguish transitive from intransitive verbs. But more basic than either the grammar or the vocabulary is the problem of speech sound recognition, actually hearing the difference between /*e*/ and /*a*/. At this point in her lesson, the clinician would have done well to forget the syntax and the vocabulary for the moment and to center her attention on eliciting from the child a distinction between the two speech sounds. If the child isn't making the distinctive feature analysis of /*e*/ and /*a*/, then further vocabulary and grammatical teaching will be ineffective.

The second incident involves a more complicated demonstration:

Clinician: He is pushing the wagon. It is in front of him. What is he doing?

Child: Push the wagon.

Clinician: Where is the wagon?

Child: In front.

Clinician: Yes, you push the wagon in front. Look. Now he is pulling the wagon. What is he doing?

Child: Pull the wagon.

Clinician: Yes, he is pulling the wagon in back of him. Where is it?

Child: In back.

Clinician: Yes, you push it in front and pull it in back. Now, Janet, show us how you push the wagon in front and pull it in back.

Janet stands up and pulls the wagon behind her, repeating, "I pull the wagon – in back." The clinician says, "Now, push the wagon, Janet. Push it in front of you." Janet turns and faces the wagon, then walking backwards and continuing to pull, recites dutifully, "I pushing the wagon – in front."

Again, there are furtive glances toward the observation window. At the staffing, the clinician is quite aware of the problem she encountered. Janet did not have the right category of meaning for *push* and *pull.* And, indeed, the clinician had not presented it. The essential meaning of push and pull is not whether the object is in front or behind a person but whether he is moving it toward or away from his body. The clinician would have done better to structure her language drill as "push away" and "pull toward" rather than "push in front" and "pull behind." At least the clinician did not make the mistake of correcting Janet's immature syntax when there was a more basic problem of vocabulary to be explained, and that was to her credit.

In the third incident, the clinician has chosen the theme of "cooking" for a vocabulary lesson. Cards have been distributed containing pictures of a stove, a refrigerator, a cupboard, soup, orange juice, and crackers, to be matched by the children. The words *stove, soup,* and *hot* are to be associated and distinguished from *refrigerator, orange juice,* and *cold.* After the children have identified and named their pictures, the clinician asks, "Who has a picture of something that mother puts food in to keep it cold?" Roger holds up his picture and answers, "orange juice." The clinician, who had been expecting him to answer "refrigerator," looks helplessly at the observation window.

At the staffing she admitted that she knew the question was too long, but she didn't know how to get out of it once she had started. A close analysis of her sentence revealed a grammatical complexity far beyond the competence of these children. Indeed, her question contained four kernel sentences, any one of which would have taxed the child's comprehension: (1) Somebody has a picture. Who? (2) Mother puts food in something. What? (3) Mother keeps food. (4) Food is cold. The transformational operations by which these four kernels become a single sentence are complicated indeed. (Who has a picture of something that mother puts food in to keep it cold?) It is probable that Roger decoded the first part only and heard, "Who has a picture of something . . . cold?" Then his reply, "Orange juice," was appropriate. The clinician would have done better to present her question in simpler steps: "Something is cold. Mother puts it someplace. Where? Who has the picture?" It is possible that a child could follow these syntactic steps.

These three examples illustrate the three areas of language with which teachers of preschool language programs have to be concerned. They are not always separate, discrete teaching goals; they overlap and intertwine with one another constantly. At one moment the problem will be speech sound discrimination; at the next moment it is a vocabulary exercise; in another moment it will be a syntactic confusion. Each of these three areas requires special teaching techniques, but they occur all together in any language lesson just as the shift from reception to expression occurs constantly in a conversational setting. One of the clinician's most effective tools is her ability to analyze very quickly a child's errors and to know at which level she should work for the next few moments.

I would like to use the rest of my time to present some slides, which show a test for syntactic development that has proved useful in our clinic. It is a screening instrument only, not a measure of general language development nor even a detailed analysis of syntax. We call it the *Northwestern Syntax Screening Test.* The NSST is useful in clinical and diagnostic evaluations as a very quick means of comparing receptive and expressive skills, and it has the advantage of using identical linguistic tasks on both the receptive and the expressive portions. While it was designed as a test of syntax primarily, it includes some items of vocabulary, such as prepositions and pronouns, and even some tasks which depend upon careful speech sound discrimination. It is a good example of the fact that these three language areas cannot be entirely separated and that even though one sets out to test grammatical structure, he cannot avoid testing vocabulary and phonology at the same time.

(Slides were shown.)

New Dimensions for the Speech and Hearing Program in the School: Language and the Retarded Child

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I. Introduction

The recent increase in interest in language by the speech and hearing profession might lead some persons to suspect that language was invented only recently. Such is obviously not the case. Anthropologists have been interested in language for years as a means of understanding various cultures better. Grammarians have been interested in the structure of language. Psychologists have been interested in the function of language as it is related to, influences, and is influenced by intellectual and behavioral aspects of human existence. Even Joseph Stalin (1951, page 11) expressed considerable interest in language when he wrote, "Language is directly concerned with man's productive activity, as well as with all his other activity in all his spheres of work without exception." Speech and hearing clinicians were originally interested in language deficits caused by brain damage and hearing impairment. Educators have been interested in language and its effect on learning and as a part of the somewhat vague area of language arts. Language has occupied the interest of a wide and diversified group of scholars for centuries.

The divergent paths which various specialists have taken due to their particular areas of interest have led to a growing body of literature almost too vast for any individual to explore completely and almost too diverse to be integrated into a meaningful body of knowledge. Thus, each specialist must isolate those aspects of the literature pertinent to his special interests, define his terms, and proceed from this base.

The primary interest of the speech and hearing clinician has been speech and its major divisions of articulation, voice, and rhythm.

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[1] The author is indebted to the Bureau of Handicapped Children, U.S. Office of Education, for encouraging and supporting his interest in this vital area through its support of the Communication Problems of Retarded Children Institute at the State University College at Buffalo.

When these aspects of communication have been judged defective, the clinician has intervened to correct, or at least improve, communicative efficiency. A cursory examination of any of the major texts in the field will support this contention. The classifications of *symbolic disorders, aphasia,* and *language* are often present but receive minimal mention. In fact, it is really only aphasia that has received any significant amount of attention. Until fairly recently, the work of the psycholinguists, anthropologists, and grammarians has been largely ignored by the speech and hearing profession in training programs and in clinical methodology.

Several occurrences in the 1950s are proving to be of critical importance to the speech and hearing field. First of all, Chomsky's *Syntactic Structures,* which appeared in 1957, stimulated new interest in the study of language. The literature abounds with articles taking positions in support of or in opposition to Chomsky's beliefs.

Second, an increasing number of children were identified whose major problems appeared to be in the language areas. Attempts to use traditional testing were not productive. The labels *aphasia* or *childhood aphasia* were not appropriate, or at least not acceptable for many of these children. Many of them had no demonstrable brain damage. Often the communication difficulty was not noticeable in social settings but only in academic settings. In spite of the lack of medical evidence, various labels began to be applied to them; they were said to be *brain damaged* or to have *minimal brain dysfunction.* Clinicians were asked for suggestions on how to assist these children, even those without specific speech symptoms but with problems described as "language problems which were interfering with learning." Not all of these problems were in the auditory or vocal areas. In fact, many of the problems were in areas not traditionally considered the province of the speech and hearing clinician. The speech and hearing profession responded slowly to the need for formal standardized testing procedures. The field of mental retardation did not. Kirk and his associates recognized the need for a test which could isolate specific deficits, and they developed the Illinois Test of Psycholinguistic Abilities (1961) based on Osgood's model (1957). Though it had faults, the test provided opportunity for new terminology, new dialogue, and new research; it helped to focus attention on language, and the effects are still being felt. Perhaps a major contribution of the test has been to make language deficit seem like a manageable item due to an organized terminology. Such terms as *auditory-verbal channel deficit* were understandable to clinicians. On the other hand, some persons might complain that this has led to oversimplification of a difficult process. Both factions are probably partially correct.

Many of the children just referred to tested below normal intellectual limits and were placed in classrooms for the mentally retarded. These classrooms also contained children whose learning disabilities were related to familial factors. These latter children might be referred to as the original mentally retarded. The classrooms for the so-called mentally retarded also became a rapidly expanding dumping ground for those children whose environment had not prepared them for academic settings and for whom school personnel held little optimism. *Regular education's failures became special education's responsibilities.*

It is likely that the academic difficulty of some children was caused by the block which emotional problems impose on learning. While "acting out" children tend to be labelled emotionally disturbed, mildly or moderately withdrawn children tend to be labelled mentally retarded. As special education programs increased and the number of classrooms for the retarded grew, the diversity of etiologies in these classrooms grew. This was a national happening and it continues today.

If one were to visit a special class for the mentally retarded in New York or Michigan or California, certain variations in IQ limits and terminology could be discovered. However, certain similarities would exist. A group of children would be assembled who had been found through intelligence tests, achievement tests, and school performance to function at low intellectual and academic levels. Quantitatively, these children would present similar test scores. Qualitatively, the children would likely present a wide range and variety of etiological factors, academic performance, social skills, patterns of adjustment, and communication skills. The program these children would be receiving would be devoted to self-care and socialization skills if the class were for trainable children and to developing minimal academic skills, improving social skills, and developing some degree of occupational adequacy if the class were for educable mentally retarded. Educational programming would focus on quantitative difference in academic achievement, but little provision for the qualitative differences would be noted.

Yet, there are qualitative differences, particularly among the educable mentally retarded. The Nomenclature Committee of the American Association on Mental Deficiency (Sloan, 1954) states that mental retardation is a symptom complex which may result not alone from defects of the central nervous system but from defects in the psychological and sociological spheres.

Schlanger (1958) describes mental retardation as a dynamic rather than a static condition. Hunt (1961) states that a concept of fixed intelligence is no longer tenable. Dever (1969) points out that it is common to find children whose performance scores are normal or nearly normal and whose verbal score is so low that the full scale falls in the retarded range. These "half normal" children are nevertheless considered retarded, labelled retarded, and educated as retarded. Capobianco and Dunn (1959) note a lack of agreement in terminology in mental retardation. They state that there is some agreement between educators and psychologists that mental retardation should be used as a broad generic term, one which includes a wide range of psychological and physical syndromes that have as a common denominator subnormal intellectual development. Hardy and Pauls (1959) say it clearly and simply when they indicate that the atypical child who is retarded is so labelled for various reasons.

Several authorities suggest viewing the retarded from other than etiological standpoints. As McLean (1967) states, "It's not what's wrong with the organism but what behaviors they don't have." Quoting Wepman (1967, page 11), "It is of greater importance, it seems to me, to study the behavior of the retarded rather than to search for the ever-elusive cause until we can demonstrate that etiology plays a significant role in the learning capacity or learning potential of the child."

These views are departures from earlier definitions of retardation, which viewed it solely as a static condition caused by unavoidable genetic factors and which emphasized etiology more than educational needs. The current definitions and the previously mentioned observations suggest that classrooms for the retarded contain more heterogeneity than current programming considers. In fact, it is likely that there are four general types of children in classes for the mentally retarded. These are (1) children whose learning deficit is indeed caused by genetic poverty of intellectual skills; (2) children whose learning deficit is caused by damage to a brain which otherwise might have been capable of higher intellectual function, to some degree; (3) children who possess potential for normal intellectual function but whose environment has limited the development of intellectual skills; and (4) children who possess potential for normal intellectual function but whose personal adjustment makes it impossible for them to utilize intellectual skills.

How do genetic inferiority, brain damage, environmental lacks, and poor adjustment interfere so dramatically with learning? What is the aspect of human behavior that is affected so that learning is impaired? The answer to the first question is that these four factors interfere with the ability to symbolize. The answer to the second question – the aspect of human behavior that is affected – is simply "language." As one attempts to converse with the so-called withdrawn child, as one observes the efforts of the child with suspected brain damage to perform simple organizational tasks, as one sees the child called "familial retarded" mired in faulty verbal reasoning behavior, or as one hears a conversation between two children from disadvantaged backgrounds, the impact of language on the child's total being becomes clear.

From the standpoint of communication, it would appear that it is more important to isolate the language deficit than to make assumptions based on medical terminology or assumed etiology. Thus, this presentation will be built on a discussion of language deficit rather than on a discussion by etiology. In fact, educators of the retarded child should consider this as a possible alternative to present systems of classification. The heterogeneity of this total population is not overlooked. In fact, heterogeneity by language deficit is probably greater than by etiology.

For the speech clinician, a basic understanding of language, language development, and mental retardation is needed. A more thorough understanding of language diagnosis and language remediation is essential. The term *basic understanding* is an important one. Many speech clinicians have avoided this area because of insecurity regarding their knowledge and skills and lack of time to extend their services to new populations. The latter point will be discussed later. Regarding the initial point, *there is no more need for the speech clinician to become a psycholinguist in order to function in the language area than it is for him to be a speech scientist to function in the area of speech defects.* This is not to discourage a continuing upgrading of information and skills which every clinician should engage in. One should encourage involvement in assisting children with language deficiencies. Whorf (1956, page 223) states, "To strive at higher mathematical formulas for linguistic meaning while knowing nothing correctly of the shirt-sleeve rudiments of language is to court Disaster." The speech clinician needs the "shirt-sleeve" rudiments of language initially. He should continually strive for greater sophistication in this important area.

II. Language

Everyone who currently writes in the language area begins with a definition of terms. This is a fitting demonstration of the complexity of language and the divergent views of its nature. An exception will not be made here.

Language is an acquired system of structured but arbitrary vocal, graphic, and gestural symbols which convey meaning by cataloguing and representing people, places, things, and abstract concepts.

Speech is the audible motor production of sounds and sound patterns, including adequate voice quality and rhythm.

Communication is the process whereby information, images, thoughts, feelings, ideas, and concepts are transmitted between or among individuals through the use of speech and language but also, to a lesser extent, through other forms of symbolic activity. (Niesen and Van Hattum, 1969)

Language can be described as the mediator of thought, a controller of social and emotional adjustment, the basic means of expression, and the major method of communication. As the mediator of thought, language is how we talk with ourselves. Whorf (1956) states that all higher levels of thinking are dependent upon language. He adds that the revolutionary changes that have occurred in the world of science have been due to new ways of thinking about facts, not merely new facts; or even more accurately, to a new way of talking about facts. Although he believes that thought and language have different genetic roots, Vygotsky (1962) supports the importance of language in thought. He states that the development of thought is determined by language, and the child's intellectual growth is contingent on his mastering the social means of thought, or language. Luria (1963) states that language is not only a means of communication, but an instrument for thinking. Frost (1967) notes that language is so closely related to thinking that many psychologists consider them to be identical. Joseph Stalin (1951, page 36) summarized it well: "It is said that thoughts arise in the mind of men prior to their being expressed in speech, that they arise without language material, – but this is absolutely wrong. Whatever the thoughts that may arise in the mind of men, they can arise and exist only on the bases of the language material. Pure thoughts, free of the language material – do not exist."

Whorf (1956) was particularly interested in the role language played in adjustment, or more accurately, in how an individual's language shaped his view of his environment. He felt that words influenced behavior. In his "linguistic relativity principle," he states that markedly different grammars point their user toward different types of observations and different evaluation of externally similar acts of observation which result in different views of the world. In effect, he seems to be describing the semantics of language. Miller (1951) indicates that the more language a child has, the better his relationship with family, relatives, and playmates will be. Frost (1967) writes that language authorities generally agree that personality problems nearly always accompany language disabilities. He adds that social growth is closely interwoven with language power. Jordan (1967) states that behavioral status and language status are interrelated. Luria (1963) notes that if one wishes to become a controlled individual, he should talk to himself since we have verbal control over our own behavior.

Each individual perceives reality differently. In effect, reality becomes of secondary importance in our perception of reality. In large measure, our perception is dependent on the language we use to describe reality. Thus, our view of reality is determined by our language.

Language functions as a means of self-expression. In addition, it has been demonstrated that persons who describe what they are doing in the learning process learn more quickly (Luria, 1963). Thus, expression also has a role in learning.

Finally, the importance of language in communication is obvious. A person's ability to communicate is almost totally dependent on the adequacy of his language system.

The role of language in intelligence and learning has not been clearly defined. However, as Frost (1967, page 19) states, "It is not clear whether the child gains language power as a result of high intelligence or gains high intelligence as a result of language power – conditions of either are essential for the growth of both." A similar statement could be made regarding learning. Although the true strength of the relationships among language, intelligence, and learning is not known, it is certain that the three are importantly dependent upon one another.

Speech clinicians are often confused by the philosophical differences which exist regarding the nature of language. Four basic schools of grammar have been identified by Thomas (1963) as traditional, historical, descriptive-structural, and generative.

Traditional grammar had its foundations in the eighteenth century and was based on efforts to formulate definitive rules of syntax and usage. The advocates were prescriptive and their rules assumed an ideal language. They tended to ignore historical change or to view change as harmful to good usage. Rules were based not only on Latin but also on the intuitive knowledge of experts on the "correctness" of language.

Historical grammar tried to explain some of the intricacies and irregularities of the English language. It turned to history rather than to feelings about the correctness of grammar. This school of thought based its beliefs on the hypothesis of language families and traced the change of word forms. This grammar explained irregular verbs, variation of pronunciation and spelling of a word, and various other idiosyncrasies of our language.

The structural-behavioral advocates include a diverse group of scholars. The origination of structural linguistics is credited to

Leonard Bloomfield, who separated the form of structure of language from the meaning of language. Bloomfield divided language study into syntax and semantics. Proponents of this belief describe the structure of language as it exists; they do not evaluate language but record it and describe usage. To accomplish this, they presented the ideas of syntactic levels such as phonemes, morphemes, and the phrase structure level. This structural or descriptive group emphasized methodology and language content. Roughly allied with them were the behaviorists, also referred to as the empiricists, including Mowrer, Osgood, and Skinner. Their theoretical constructs of language have generally been related to learning principles, while their methodology has been the description of language based on operant conditioning and associational principles. Their major data has consisted of phonology and morphology as developed, size of vocabulary, sentence length, and other information presented in charts of language development. The process of imitation is an important part of the theoretical concepts of these persons. In fact, to them the child is viewed as beginning with little more than a central nervous system governing a speech and hearing mechanism. This mechanism first gathers stimulus from the environment and later, through the process of imitation, responds with associations that are at first random and meaningless. Then, through a process of reinforcement, these associations become the intentional and meaningful means of communication by the individual.

Most speech clinicians have been exposed to this viewpoint, since it has been the one most prominent in standard texts.

The more recent theoretical presentations follow writings of such experts as Jakobson, Chomsky, and Lees. This group has been labelled as the transformational or generative grammarians but other labels, such as rationalist and linguist, have been applied. This group points to a complexity of language and argues for explanations which include an innate language capacity. Chomsky argues that the behaviorists offer little of significance in their explanations and that the principles of conditioning, no matter what the extent of higher orders of complexity that may be added, cannot account for language learning. Menyuk (1964) and Ervin (1964) state that imitations play negligible roles in language development since it cannot adequately account for the entry of new features into a child's grammar. Thus, the basic tenets of the structuralists are rejected. This group suggests that there are language universals common to all languages so that the child's initial task is to select out the language of the culture in which he finds himself. Support for this is taken from the evidence that language acquisition occurs in the extremely brief period of 24 months. As Smith and Miller (1966) point out, grammatical speech does not begin before one and one-half years, and the basic system is complete by three and one-half years.

McNeil (1966) states that early language is not an abbreviated and distorted form of adult language but the product of a unique first grammar. He views a young child as a fluent speaker of an exotic language. He also argues that the speech of the child cannot be explained on the basis of imitation of adult speech. He notes that children produce sentences that cannot be accounted for as reductions of adult sentences and feels that this is evidenced that children know productive rules. He adds that telegraphic speech is a generic term for the type of speech one hears from young children and reflects more than limited memory. He feels that the transformations appear rather late and that the child appears to build up his transformational competence by successive approximations, passing through several steps that are not yet English but are, nonetheless, transformational.

Chomsky's three parts of grammar are described as phrase structure, transformational structure, and morphophonemics. Part One of this grammar is a noun phase which includes a determiner (a noun) plus a morpheme that signifies plurality. A verb phrase is similar. Part Two includes rules for combining phrases or explanations of grammatical relationships. Part Three incorporates additional developments of structural grammar and historical grammar. In the operation of this grammar, the rules of Part One produce the elemental phrase or kernel sentences of language. Part Two includes obligatory transformations, such as agreement between subject and verb, and optional transformations, such as the optional inclusion of adjectives or negatives. If the appropriate word form rules of Part Three are then applied, a grammatical English sentence results. All sentences in English either are kernel sentences or are generated from kernel sentences by optional but invariable transformations.

Chomsky distinguishes between competence and performance in language. He defines competence as basic language ability and performance as language use. Understandably, most of the study of language is based on the performance of children. Yet, recent studies of performance have yielded more objective results than had been previously available. Lee (1966) and Menyuk (1964) both report on differences in language in children with normal and deviant development. Both used generative models as bases for study. Lee's "developmental sentence types" offers a unique basis for study of children's language development.

Although there would be divergent viewpoints within the ranks of transformational experts, they would generally agree that children are born with some sort of competence to acquire the language of their culture. The child acquires holophrases, then two-word combinations. He then begins to develop competence in the use of transformations, then in kernel sentences, and then in sentences of increasing complexity.

For the clinician, it is not necessary to accept one philosophy or the other. In fact, the clinician is in the advantageous position of being able to borrow from the best features of both. Aside from the basic problem of which basic philosophical pronouncement is accurate, these explanations of language still offer several problems for students of the communication problems of the retarded. First of all, do children of varying intellectual means develop language similarly? Luria (1963) states that the formation of language in mentally retarded children is quite different from that in normals. Where intellect is impaired, do etiological differences alter language acquisition? Does the explanation of language development offer clues for habilitative and rehabilitative means? Does the mentally retarded child possess an innate capacity for language? Does he develop a first language? What influence do his late stages of prelinguistic activity have on his ultimate acquisition of language? On which aspects of language acquisition do environmental factors play their most dominant role?

When one views the variability of mental retardation due to etiological differences it can be seen that each question requires several answers which would go beyond the limits of this presentation. However, these questions do need answers, complex though they may be. The futures of those individuals now labelled mentally retarded are at stake.

The available evidence suggests that most mentally retarded children possess more competence than performance. The available evidence also suggests the importance of improved language performance, which would result in the increased ability to function intellectually, socially, and emotionally.

III. The Role of the Speech Clinician

Language is an extremely important part of the mentally retarded child's existence, possibly more important than for most humans. It is likely a vital part of the retarded child's problem. The first hypothesis of this presentation is that mental retardation and linguistic deficit are closely related problems that are amenable to change. The second hypothesis is that the speech clinician will alter his role and, in cooperation with the classroom teacher, will be instrumental in providing this change in the language performances of those children who possess language deficits.

If this were to occur, the question would arise as to whether the speech clinician is misnamed. We have been concentrating on the second word – the noun *clinician.* We have argued it should be *clinician, therapist, correctionist,* or *pathologist.* Now we find that the need for a decision may center on the first word – the adjective *speech.* Are we primarily interested in speech? Do we restrict ourselves to articulation, voice, and rhythm disorders and their discovery, diagnosis, prognosis, prescription, and treatment? We haven't completely in the past. We have dealt with the language of the aphasic and of the hearing handicapped. Having partially accepted language as well as speech as our role, are we prepared to go all the way and view our basic responsibility as communication? Even then we must decide whether we will restrict our function to communication between two or more people or add communication with ourselves – the thinking and learning processes.

Some members of our profession have already made this decision. How else can we explain the activity of persons seeking to assist children with visual-motor channel disorders? Some members have had the decision made for them. In New York state several speech clinicians have either converted to or been replaced by persons called "language clinicians." The schools are placing high priorities on areas with which we are only beginning to deal.

This is, in part, understandable. For the child with a problem in learning it is difficult to argue that his lisp is more important than the reading deficiency which is blocking his exploration of his entire world. For the mentally retarded child who cannot formulate the question which may open the doorways to greater knowledge, it is difficult to argue that his defective */r/* is his major problem of communication.

We are moving into a new era in our profession – one that will require new training and retraining, one in which we will have more responsibility, and one in which more debate and more disagreement will occur in its formulation. However, it is also one that will provide more satisfaction, more prestige, more acceptance and, most important, greater and more significant assistance than that we now provide. We may become total communications experts.

Even if the clinician felt disposed to accept this viewpoint and these new responsibilities and to enter into the area of language habilitation extensively, the very limit of time would seem to make this impossible. Most speech clinicians working in schools are already overburdened with heavy case loads and cannot spend time assisting those children with deficiencies in the language area even if they so desired. Figure 1 offers a representation of the current functioning of many school clinicians. Approximately 80 percent of the case load is occupied by articulation problems and 20 percent with voice problems, rhythm problems, and problems associated with various organic conditions.

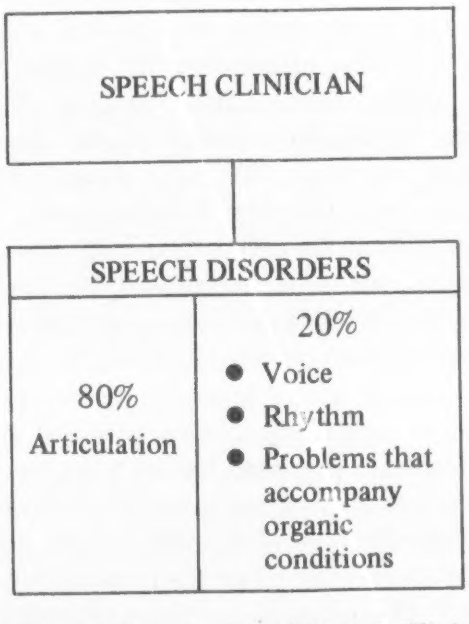

Figure 1. The Present Functioning of Speech Clinicians in Schools

However, new advances in the areas of programmed learning will likely relieve the clinician of much of his current responsibility for working with articulation problems. One such program is the Programmed Speech Improvement System (Eastern Regional Institute for Education, 1969), which consists of taped programs for the 14 most frequently defective sounds. The program can be administered by an aide although all professional judgments remain with the speech clinician. The program consists of three phases. Phase I is "Auditory Identification and Discrimination," Phase II is "Production," and Phase III is "Stabilization." Children enter the program at the point where testing suggests they should. They pass on to Phase II by successfully completing Phase I. At the end of Phase II, the clinician determines whether the child is able to produce the phoneme. If he is, he passes to Phase III. If he is not, the clinician places the child in the therapy program. This program has been operated successfully in Ossining, New York, for two years. It will be researched in the spring and field-tested in the fall of 1971. It should be ready for distribution in the fall of 1972.

If the program is successful, and preliminary evidence suggests that it should be, the speech clinician's role could be represented by Figure 2. An aide, classroom teacher, or parent could present the tape program to the child. The clinician would then be free to spend more time on more severe speech problems including those articulation cases for whom the program was not successful. However, more important for this discussion, time would become available for consultation with classroom teachers regarding language programming and assistance to children with language deficiencies.

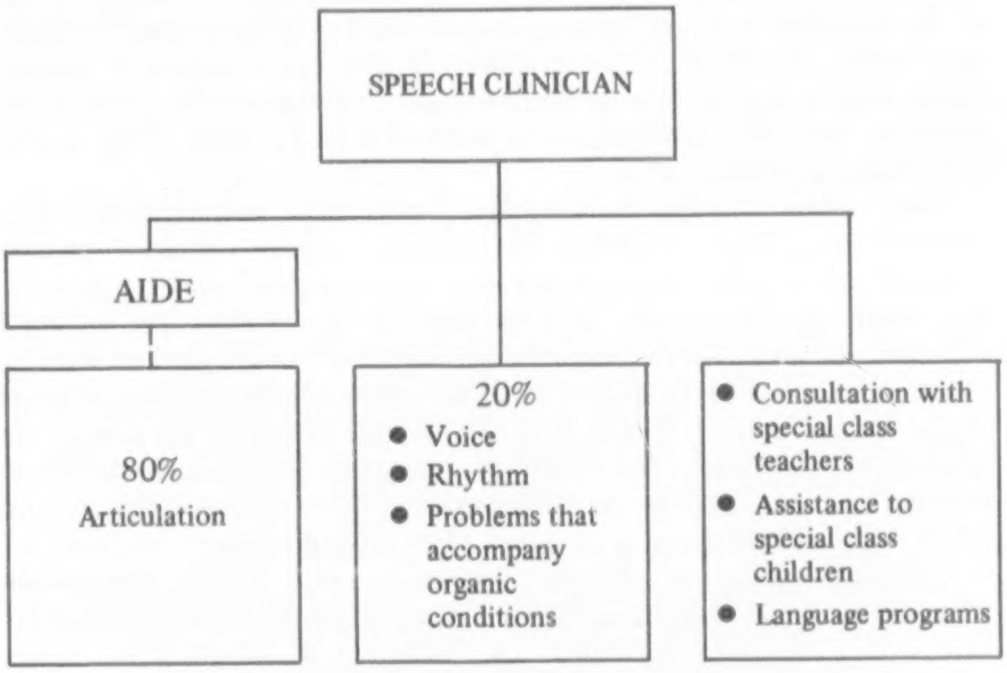
SPEECH CLINICIAN
AIDE
80%
Articulation
20%
Voice
Rhythm
Problems that accompany organic conditions
Consultation with special class teachers
Assistance to special class children
Language programs

Figure 2. The New Role of the Speech Clinician in the Schools

IV. Language and the Retarded

The nature and needs of the child with a language deficit are difficult topics to discuss because of several factors that have clouded the issues. These are methodology, definition, terminology, etiology, classification, environmental setting, nature of mental retardation, and philosophy. One of the most prominent of these factors is the use of a philosophical belief as a major determinant of the nature of language, of its development, and of its deviations. Where supportive evidence is presented, it is not unusual to find the substantiation based on the observation of merely one or two children. Frequently, these observers will amass considerable data, cull out the data which support their hypothesis, and discard the remaining data without accounting for it or attempting to defend their beliefs against it. These problems are understandable to anyone who has attempted to perform research in this area. However, it hardly leads to an advancement of existing knowledge.

The problem of definitions needs little explanation. In what other area of deficit does almost every article begin with definitions of its most common terms? Yet, in the language area, the terms *language, speech,* and *communication* are explained repeatedly to highlight the difficulty of agreement on terminology in language. In addition, use of terminology is often unique, inconsistent, vague, or questionable. One major reason for this problem is the convergence of several fields, each bringing its own terminology. Further, each appears to be desirous only of clarifying definition within its own field to the continuing confusion of all.

Even where research is carefully constructed and executed, it is difficult to know whether the groups utilized present results generalizable to the entire population. Varying etiologies are ignored, and wide ranges in age and intelligence test scores are grouped together. Finally, much research seems to be conducted in institutional settings. This is understandable, since the population is more easily available and research facilities and research personnel are accessible. However, the literature suggests differences between populations of children in institutions and in home settings, and results cannot always be considered directly applicable.

Another important possible source of error is the assumption sometimes made that the child who is mentally retarded is similar to, but a step behind, the child who is higher in intellectual ability. Much of the information regarding normal children has been used in this way, simply adjusting it downward. This may at some future time be found to be justified; but it may not. As an example, Strazzula (1954), Goertzen (1957), and Friedlander (1962) all point out that the parents of a retarded child react differently to the child because of the delayed speech development. Thus, not only is there developmental delay, but also the environment is less responsive than for the normal child. It is questionable whether language development of the retarded is directly comparable to that of the normal from the prelinguistic stages on.

Finally, as mentioned previously, proponents of the two major philosophical systems have engaged in discussion which has not added clarity to the understanding of the average reader. Conflicting viewpoints are generally a healthy aspect of scientific endeavor. In the language area this has not been necessarily true. At times it has seemed as though more effort has been expended in defending and entrenching in a position than has been expended in searching for truth.

Discussions about mental retardation can take place only in the context of the above reservations. However, information is available which has been substantiated by several studies and by repeated observations. For example, there is general agreement that the mentally retarded do not present unique speech problems although they do have a greater prevalence of defects of speech than persons with higher mental ability (Goertzen, 1957).

There is also general agreement that language is more deficient than speech and that primary focus on communication yields better results than traditional articulation therapy (Lasser and Low, 1960).

As mentioned previously, the retarded child tends to be behind in his development of communication. When he does begin to communicate he receives less reinforcement. He tends to have fewer sensory experiences and to be handicapped early by his poor language. His communication deficiency is cumulative, and he is identified relatively early as possessing learning difficulty. He also may be identified as being poorly adjusted or as having poor social skills. He is taught early that he is a poor learner. He is talked to less and he doesn't learn to listen. When he is talked to, it is frequently with questions that require only a yes or no answer. He often frustrates his early regular grade teacher and may even have a special class teacher who does not believe he can learn.

Haring, Hayden, and Nolan (1969) note that when children's disadvantaged situations are not known to teachers, the children do better in school. They express the opinion that some of the deficiencies and at least some of the remedies might be in attitudes of teachers toward disadvantaged children. Murphy (1964) feels that progress is more related to interpersonal relations than actual corrective techniques used. Schiefelbush (1965) supports this, in part, when he indicates that the child is taught most successfully by an interested adult who gives him rewarding experience. It is likely that these things are true for mentally retarded children as well as for the disadvantaged.

Ezell (1960) states that retarded children get verbal responses from adults that tend to perpetuate their retarded language performance. Siegel (1963) and Siegel and Harkins (1963) note that adult verbal behavior changes as a function of retardation. Adults tend to reduce their language to the level of the retarded and become more redundant in their utterances and less stimulating. There is a reciprocal influence in which the child and adult affect one another.

Either as a result of the retardation or as a reaction of the environment to the retardation, the retarded child brings to the learning situation characteristics which mitigate against academic success. DeCarlo (1968) states that young children are limited in the language models to which they are exposed and develop less divergence and elaboration in their thinking. They also have limitation in their ability to label, discriminate, categorize, and generalize and become less able to handle intellectual and linguistic tasks as they move through school. Finally, ego development may be immature and distorted, and weaknesses in auditory-vocal channels may be present due to noisy environments. Arnold (1955) lists stereotyped answers, inability to self-criticize, difficulty in associating ideas, short auditory span, easy distractibility, ability to deal better with concrete terms rather than abstractions, and failure to detect absurdities when they are present among observations of limitations of retarded children.

Beier, Starkweather, and Lambert (1969) find in a study of institutionalized males having IQs of 23 to 75 that the retarded speak more slowly and they use more positive words such as *yes* and *O.K.* and more personal references such as *I, me,* and *mine*. Also, type-token ratios are lower, and the lower mentally retarded have poor sentence structure and use simple, uncorrelated words rather than sentences. No deficit in vocabulary memory was noted in the study, but deficits were noted in conceptualization, organization, language structure, and grammar and syntax. They further report that the words used by the mentally retarded differ little from those used by normals, and, as with normals, 40 words compose 50 percent of their language. They state that the type-token ratio is not a good indicator of language defect because of the enumeration ability of the low mentally retarded and that conceptualization is more important than vocabulary in training.

There is some evidence that the mentally retarded utilize a qualitatively different recall process for learning. Stedman (1963) and Rossi (1963) both note that normals tend to use more associative clustering than the mentally retarded.

In addition to indicating the need for early training, Gallagher (1962) recommends heavy emphasis on perceptual, conceptual, and (especially) language development.

Griffith and Spitz (1958) report more difficulty with abstraction although the retarded always revealed an adequate knowledge of the meaning of words. Papania (1954) notes that the retarded he studied did progress from concrete to the abstract in word definitions with age, but they used fewer abstract and more concrete definitions than normals. Bateman and Whetherall (1965) suggest the need for direct emphasis on the formation and use of general concepts, abstractions, and generalizations. They emphasize the need for memory training.

Lubman (1955) notes that retarded children are visual-minded, have short attention spans, respond to praise, and show limited and slow improvement. As a total group, the mentally retarded do show similar profiles, with lower performance in auditory-vocal channels and automatic sequential levels and higher performance in motor encoding and visual decoding at the representational level (Bilovsky and Share, 1965; Bateman and Whetherall, 1965).

Some traditional views of the learning characteristics of retarded children are questioned. Milgram and Furth (1963) indicate that the retarded performed as well as normals in solving problems where perceptual rather than verbal modes of solution were assumed to be more suitable, but they performed more poorly in the discovery and application of a language-relevant concept that was within their realm of comprehension. The retarded were inferior in applying a concept to a transfer task. Cantor and Ryan (1962) found no significant difference between mentally retarded and normal children in acquisition of information and in the amount of information retained after a week or after a month.

Horowitz (1963) reports on the types of reinforcing stimuli which were most effective in increasing the frequency of correct vocal responses. Candy and vocal reinforcers tended to be the most effective. No conclusions are noted regarding the use of vocal reinforcement or smiling separately or in combination. Yoder (1965) utilized an audience of young women making nodding, smiling responses recorded on video tape and made this contingent on vocal responses by retarded children. This resulted in greatly increased vocal behavior.

Myklebust and Johnson (1962) suggest the pattern of language learning that children pass through. In this pattern children must hear and understand the meaning before they can speak the word. They add that an individual's output cannot exceed input; this is particularly important to consider. Mowrer (1954) emphasizes that communication does not consist of implanting meaning in another mind – the words for the meaning must be there, and the speaker arouses or calls up the meaning in the mind of the listener. Thus, reception, association, and expression all are importantly intertwined, reception being the first step in the process.

The importance of the parent's feeling regarding retardation also bears mention. As Friedlander (1962) notes, parents may withdraw from involvement with their child. Leberfeld and Nertz (1955) present the need to find means of helping parents learn to enjoy their children through participation in their training. They report that children not only gain in specific abilities but become more secure.

Leberfeld (1957) notes that parent attitudes improved when they were participants.

The material being presented in this section provides suggestions for the guidance of the teacher, for program content, and for program management.

The clinician who acts as a consultant needs to be aware of guidelines used by the classroom teacher to assist her in improving the general atmosphere of the classroom for language growth. Some of these guidelines are presented here:

1. The child must know that the teacher has confidence in him as a learner. He needs constant encouragement through verbal and visual praise and approval. He especially needs success experiences after his many experiences with failure. As Thorndike (1931) suggests, we learn by trial and success.

2. The teacher must phrase questions in such a way that answers other than simply "yes" or "no" are called for.

3. The teacher must not dominate the classroom with her own speech. She must allow significant opportunity for the children to express themselves.

4. The teacher must maintain language which is understandable to the children but she must avoid totally accepting their language patterns so that there is no stimulation for growth.

5. The teacher should provide short explanations and use frequent checks for understanding. Also, the teacher needs to ascertain that learning is perceptual, not simply imitative.

6. The teacher should use overlearning, and she should present many examples and recurrences and not just use repetition.

7. The teacher should be certain that the child knows what he is doing and what the goals of the program are.

In regard to the content of the language program, the following statements appear appropriate based on the literature:

1. The first step in the program should be to assist the child in establishing the grammatical system.

2. Following the establishment of an adequate grammar, all aspects of language function need to be included. Receiving, thinking, and expression all need attention.

3. Exposure to visual and auditory experiences is important.

4. Strengths in the visual and motor areas and strengths at the representational level can be utilized, particularly initially.

5. Specific attention should be given to (a) remediation of the auditory-vocal channels and the performing of automatic-sequential or memory tasks; (b) listening (In 1954, Rankin studied the percentage of time a number of adults used in communication activities. He found that 70 percent of the adults devoted 16 percent of their waking hours to reading, 9 percent to writing, 30 percent to talking, and 45 percent to listening. For these children, listening is likely more important than it was to Rankin's adults.); (c) forming concepts and the use of transfer of learning; (d) moving the children from concrete to more abstract language behavior; (e) improving creativity and imagination in thinking; (f) learning to label, categorize, and differentiate; and (g) learning to use gestures – not to substitute for communication but to enrich it.

6. The children learn little by incidental learning. They will have to be taught what they need to know. They will also profit less from vicarious learning.

Many remedial classroom programs have been described in the literature during the past several years. It would seem appropriate to review the results of several typical programs. Blessing (1965) selected remediation of vocal encoding as a means to test the hypothesis that teaching a specific deficit of a psycholinguistic nature to educable mentally retarded children would be feasible in small group language classes. He presented lessons three times a week for four months. Although he felt that a specific deficit was amenable to remediation, he reports that the overall language age was not significantly enhanced by the remediation of vocal encoding. Harrison (1959) used oral bombardment with 30 children five times a week for two and a half hours a day. He concluded that the language development needs of mentally retarded children are individual in nature. Olson, Hahn, and Hermann (1965) conducted an eight-week program for mildly retarded under seven years of age. It centered around the strengths and weaknesses revealed from the Illinois Test of Psycholinguistic Abilities. They noted the severely retarded benefitted the least. Keehner (1966) tested the hypothesis that an intensive language program could significantly elevate language age as measured by the ITPA. Of her subjects 68 percent did make significant gains. In six months the average gain was 18 months. Expressive language tested lowest at the beginning and most improved at the end.

Rittmanic (1958) presented a program to educables five times a week, 15 to 20 minutes a day for three months. Teachers presented the program. The results indicated that there was noticeable improvement in the use of oral language, and the new word meanings were grasped sooner and retained longer. Smith (1962) matched 16 pairs of educable mentally retarded children during a three-times-a-week program which extended for three months. The major purposes of the program were to increase the child's ability to receive visual and auditory clues, to associate, and to express verbally or through motor responses and linguistic symbols. While the experimental group averaged a 6.75-month gain, the average control group loss was .4 months. Mueller and Smith (1964) reviewed the results of this program a year later. Where before there had been a significant difference, they no longer found the difference significant. They concluded that the effect of language training was not stable, and that a three-month program was not sufficient for lasting effect.

Bereiter and Engelmann (1966) presented their program two hours a day to 15 disadvantaged children who had a median age of four years and six months. On the Auditory-Vocal Automatic and the Auditory-Vocal Association subtests of the Illinois Test of Psycholinguistic Abilities, the children scored at about the three-year level. Ten weeks later, the children showed three- to four-month gains on reasoning and grammar tests and approximately a one-year gain on the Vocal Encoding Test. At the end of seven months of schooling, the children tested approximately normal on the verbal subtests of the ITPA except for vocabulary and were six months above average in decoding. At the end of nine months, the children were administered the Wide-Range Achievement Test. The results indicated that although the children had not yet entered kindergarten they were ready in the areas of reading and arithmetic to enter first grade.

Wiseman (1965) reports significant improvement in language function with children who were in classrooms where his methods were being utilized experimentally. These methods will be described in detail under program descriptions.

These studies tell us that all language programs are not successful. As Olson, Hahn, and Hermann (1965) note, we need to learn how best to provide assistance and to recognize which children are most able to benefit. We need to know if some areas are resistant to remediation and if there are variations in ability to improve based on the etiology. When studying the programs yielding successful and unsuccessful results, several aspects of program management emerge as significant:

1. The program must be intensive. Daily periods need to be scheduled.

2. The program must be ongoing. Short periods of time may result in temporary gain but will not result in lasting improvement.

3. The classroom program at the preschool and primary levels should be predominantly a language program. At upper levels at least 40 minutes a day should be devoted to language.

4. It does not pay to "work language into all activities." The program needs to be planned and coordinated. It should not be a "cookbook" program but it must have continuity.

5. The speech clinician and the classroom teacher have joint responsibility for a complete communication program. Freeman and Lukens (1962) provide a good example of teacher-clinician cooperation and show that an effective program can be worked out between the teacher and the clinician.

6. The program should begin where the child or the group is found to be functioning.

7. Parent involvement has been found to be productive.

The development of language in lower groups of mentally retarded children has been much less successful. Schlanger (1957) and Harrison (1959) have found the greatest variation in language abilities and generally have found the more severe deficits among organic etiologies and mongoloids. Kolstoe (1958) found that mongoloids with IQs below 25 didn't seem to profit from language training. Since the needs of that group would require different and further exploration, the remainder of this presentation will concentrate on the higher group of mentally retarded children generally referred to as educable. Persons interested in the trainable are referred to the article by Chalfant, Kirk, and Jensen (1968) entitled "Systematic Language Instruction: An Approach for Teaching Receptive Language to Young Trainable Children."

V. The Speech Clinician and the Classroom Teacher

A complete communications program would include four functions:

1. Remedial speech
2. Remedial language
3. Developmental speech
4. Developmental language

The clinician and teacher should agree on these responsibilities. This may vary from situation to situation depending on the abilities, training, and interests of the clinician and the teacher. Each of these specialists has something of value to offer in terms of knowledge in their field. Cooperative endeavor can lead to excellent results. Figure 3 presents a suggested organization.

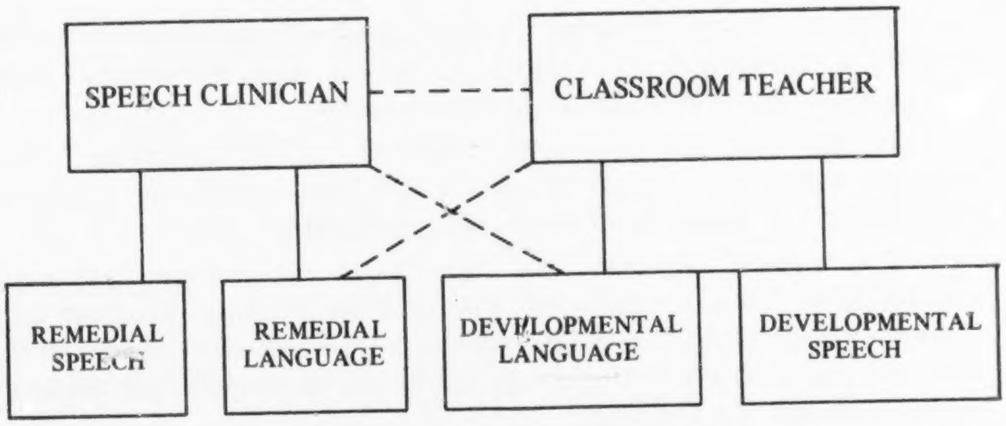

Figure 3. The Cooperative Relationship Between the Speech Clinician and the Classroom Teacher

Remedial speech for retarded children is the responsibility of the speech clinician. Articulation defects, defects of voice quality, and defects of rhythm are present in increased numbers and need attention. The speech clinician has the same responsibility to these children as to other children. Contrary to some opinions, Sommers (1969) found in a recently completed study that the retarded do benefit from speech therapy if it is frequent enough. Further, as Friedlander (1962) points out, the excuses for not working with the retarded are not valid. He adds that in no other instance has a professional waited for statistical data before providing therapy.

Remedial language involves assistance for specific deficits in language functioning which make the child unique from even his retarded classmates. New testing methods such as the Illinois Test of Psycholinguistic Abilities have allowed us to isolate specific linguistic disabilities better. The speech clinician needs to accept major responsibility for these deficits although the classroom teacher can and should provide significant assistance. The clinician can utilize methods from some of the programs whose primary aim is developmental language for use with these children. Programs developed by Bereiter and Engelmann (1966), Wiseman (1965), Niesen and Van Hattum (1969), and Dunn and Smith (1966) all include helpful information. The clinician who feels insecure in these areas is not alone; the profession is a relative latecomer to this area. However, the clinician should work to improve his knowledge and skills.

Developmental speech, sometimes referred to as "speech improvement," is a classroom program which includes service to all the children. It utilizes listening activities, practice with production of sounds, voice quality, and rhythm in a planned program aimed at stimulating speech development, preventing speech problems, assuring adequate development of speech, and speeding up the process of acquisition of adequate speech skills. Presentation of this program is generally considered to be the responsibility of the classroom teacher with consultation from the speech clinician.

Developmental language suggests an ongoing program in the classroom conducted by the classroom teacher with consultation from the speech clinician. It must take place in a very positive physical and psychological setting if maximum gains are to be realized. Niesen (Niesen and Van Hattum, 1969) suggests that the physical setting of the classroom should convey to the pupil an interesting, informal, and familiar atmosphere which provides natural opportunities for easy conversation. In addition, the physical environment should include colorful, interesting, and varied pictures, displays, materials, and objects which will stimulate the pupils to talk. Even more important is the psychological climate in the classroom. The teacher must create a nonthreatening, accepting, mutually respectful atmosphere which encourages children and teacher to listen and converse freely with each other. This kind of environment will be valuable in developing language skills because children will be permitted to talk freely, express opinions and ideas openly, ask questions, and learn to listen respectfully to others.

VI. Diagnosis

To determine individual diagnosis and group needs in a classroom for the mentally retarded requires diagnosis. Several of the frequently used methods of analyzing the language of an individual yield information that has minimal use in a true diagnostic sense. For example, the age of the first word, the mean length of response, the type-token ratio, the articulatory ability, the actor-agent test, the Mecham (1958) test, and the picture vocabulary tests may tell us an individual is below age level or lacks adequate language concepts, but they provide only gross information and very little assistance in programming.

The clinician and teacher need diagnosis of language deficit in order to make decisions regarding programming. The program for the individual and for the group will depend on the results of the testing. However, unlike many test situations, the decision to be made is not whether remediation is necessary but what kind is indicated. Testing may be individual or group, and either formal or informal tests may be utilized. As yet, no formal group tests are available, so that the choices are limited to individual formal tests, individual informal tests, and informal group tests.

The first determination to be made regards the adequacy of the child's or the group's syntax. Bereiter and Engelmann (1966) suggest an abridged version of Engelmann's Cognitive Maturity Test which they report discriminates well between children with good and poor language facility. The child first repeats one of six short sentences after the examiner and then is asked to answer a short question dealing with information in the sentence. In the second part of the test, the examiner demonstrates an activity and then asks a question or gives simple commands to follow. The results are diagnostic only to the extent that a decision can be made whether a child needs remediation or not.

The Northwestern Syntax Screening Test (Lee, 1969) is an example of a test specifically designed for the purpose of studying competency in grammar. The test is not yet standardized, but percentile levels are available for comparison.

As previously mentioned, the Illinois Test of Psycholinguistic Abilities (1968) attempts to isolate specific deficits in linguistic function. The revised edition consists of 12 subtests aimed at determining specific abilities and disabilities in children. For best results it should be administered by an examiner trained in testing techniques. The test is probably most deficient in testing grammatical ability; it has the weaknesses of most tests of this type in that it does not indicate where to begin a program of remediation, and it assigns equal weight to each of the subtests. It is not reasonable to assume that each of the subtests measures an area of language function which is of equal importance to communication or academic success. Further, some of the research on the original form (Ryckman and Wiegerink, 1969) did not suggest the concept of nine "single abilities." Little evaluation of the revised form is available yet, other than the authors' validation information. One of the problems in a classroom program is the time needed to administer this test individually.

The Parsons Language Sample (Spradlin, 1963), based on the model of Skinner, includes six subtests. Language behavior is sampled on the basis of whether the language was vocal or nonvocal and on the conditions controlling its occurrence. It is a difficult test to administer, and considerable training is reportedly necessary for accurate administration and scoring. Because of this it has not been widely utilized.

Bangs (1968) suggests the utilization of parts of several available tests, primarily from the Stanford-Binet and Gesell. In addition to many suggestions for language testing, many ideas for programming are presented.

Niesen (Niesen and Van Hattum, 1969) suggests two procedures. The first of these is utilization of the informal procedures suggested by Smith (1968). A number of questions are listed under each of eight headings: (1) understanding what is read; (2) understanding what is seen; (3) associating auditory stimuli; (4) associating stimuli presented visually; (5) remembering what is read; (6) remembering what is seen; (7) vocal expression of ideas; and (8) motor expression of ideas.

The second method suggested by Niesen is the use of the behavioral outcomes of the Niesen-Van Hattum program. In both instances the remediation for the individual or the group is based on the deficiencies noted.

Figure 4 presents a basic language model by Niesen which is intended to assist the clinician and the teacher to structure informal diagnosis and language activities so that all language processes receive attention. The language processes of receiving, thinking, and expressing are interrelated in a complex manner. Niesen notes that in most people these processes operate almost simultaneously. When people have marked deficiencies in one or more of these processes, reduced language efficiency results. Thus, an understanding and use of Niesen's language model may alert the clinician or teacher to the importance of providing experiences and activities which will utilize each of the processes of receiving, thinking, and expressing in the language program. The retarded pupils will be helped to be more attentive to what they see, hear, or feel; to assimilate, understand, and use these stimuli; and to talk about their experience in a meaningful way.

The first dimension of Niesen's language model is concerned with the three major language processes utilized by children. These processes are:

1. Receiving language through auditory, visual, or tactile-kinesthetic channels

2. Thinking, or using language stimuli to conceptualize, classify, organize, and analyze

3. Expressing language through speech, gestures, and other communication methods

Each of these processes, for the purpose of this model, is subdivided into several distinct but closely related categories of language activity. Subdividing the language process into categories

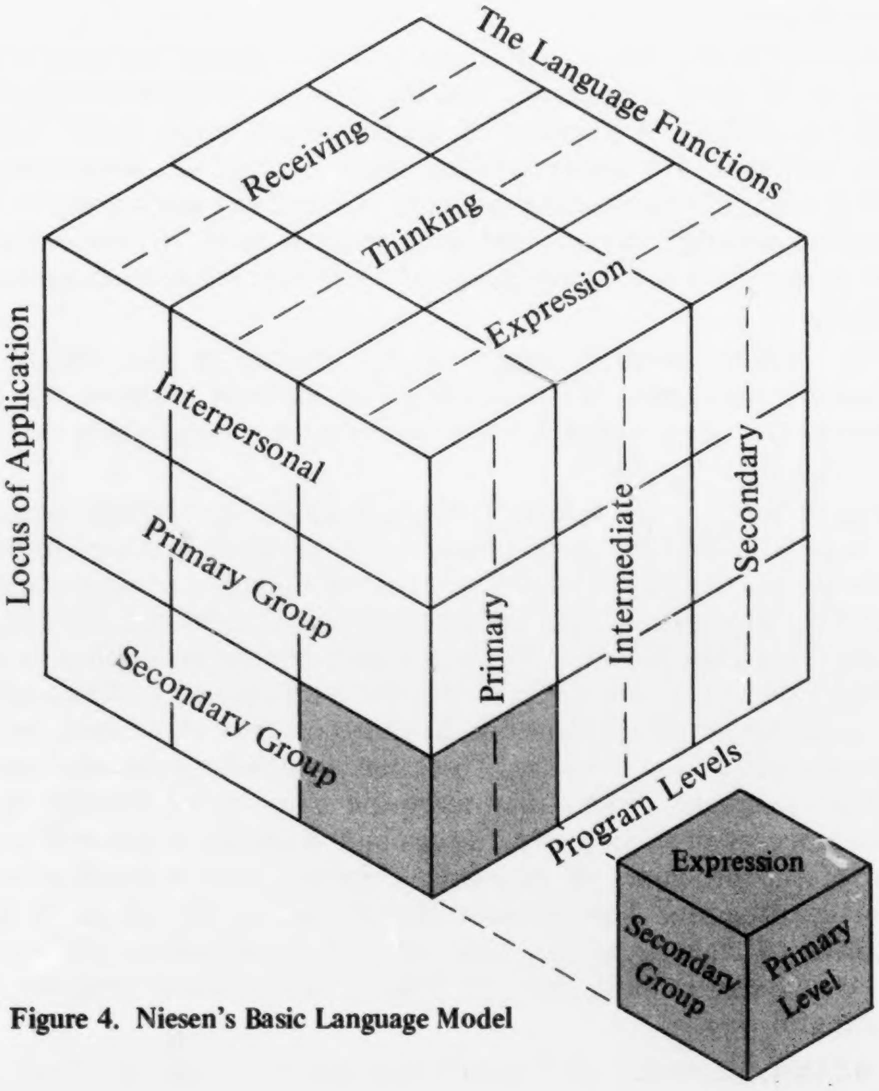
The Language Functions
Receiving
Thinking
Expression
Locus of Application
Interpersonal
Primary Group
Secondary Group
Program Levels
Primary
Intermediate
Secondary
Expression
Secondary Group
Primary Level

Figure 4. Niesen's Basic Language Model

makes possible a more manageable and definitive language program. Figure 5 illustrates this.

The language process of *reception* is subdivided into six categories of language activity. These are:

1. Discriminating between environmental sounds
2. Attaching meaning to and using environmental sounds in daily living
3. Developing behavior that facilitates effective listening
4. Acquiring the ability to follow verbal and gestural directions
5. Understanding verbal conversation and communications in a wide variety of settings

6. Attaching meaning to nonverbal events (people hurrying, a dark cloud appearing in the sky, or a person scowling)

Similarly, the *thinking* process which involves the internal relating and manipulating of ideas is subdivided into several categories of language behavior. These categories are:

1. Associating correct labels with persons, places, things, and feelings

2. Developing the ability to categorize by noting similarities and differences in size, color, shape, form, function, and feeling tone

3. Developing an understanding of cause and effect in events

4. Understanding the sequence of events

5. Developing an ability to effect closure in such things as filling in the missing parts of pictures, sentences, and events

6. Developing some basic problem-solving techniques such as formulating pertinent questions, recognizing absurdities, choosing acceptable and best courses of action, and engaging in convergent and divergent thinking processes

Last, the *expression* process is subdivided into four categories of language activities. These are:

1. Responding with correct verbal labels to those things and events in one's environment

2. Accurately describing persons, places, events, and feelings which are encountered

3. Adapting and modifying one's environment through relating personal needs, giving personal information, asking questions, and using conversation for developing social relationships

4. Using acceptable language forms and patterns to assure free and easy communication

Figure 4 also presents two other dimensions of language activity.

The first dimension of the model relates to language function.

The second dimension pertains to the level of the program. The retarded child's language needs and skills become more complex as he matures and advances through his school program and through life. This dimension of the model provides for a systematic means of classifying language goals and activities according to the pupil's developmental level.

The third dimension of Niesen's model is concerned with the application of the child's language skills in interpersonal, primary group, and secondary group behavior. Interpersonal language behavior involves application on a one-to-one basis: primary group behavior involves communication within the family and small familiar societal groups; and secondary group behavior involves communication with individual, small, and large nonfamiliar groups. It is assumed that language skills will vary according to their place of application. A more complex use of language skills is required when talking to a group of unfamiliar people than when talking to a friend. The mentally retarded should be similar to their normal peers in this regard.

The Reception Process

1. Discriminating between environmental sounds
2. Attaching meaning to and using environmental sounds in daily living
3. Developing behavior which facilitates effective listening
4. Acquiring the ability to follow verbal and gestural directions
5. Understanding verbal conversation and communications in a wide variety of settings
6. Attaching meaning to nonverbal events (such as people hurrying, seeing a dark cloud in the sky, or a scowl)

The Thinking Process

1. Associating correct labels with persons, places, things, and feelings
2. Developing the ability to categorize by noting similarities and differences in size, color, shape, form, function, and feeling tone
3. Developing an understanding of cause and effect in events
4. Understanding the sequence of events
5. Developing an ability to effect closure in such things as filling in the missing parts of pictures, sentences, and events
6. Developing some basic problem-solving techniques such as formulating pertinent questions, recognizing absurdities, choosing acceptable and best courses of action, and engaging in convergent and divergent thinking processes

The Expression Process

1. Responding with correct verbal labels to those things and events in one's environment
2. Accurately describing persons, places, events, and feelings which are encountered
3. Adapting and modifying one's environment through relating personal needs, giving personal information, asking questions, and using conversation for developing social relationships
4. Using acceptable language forms and patterns to assure free and easy communication

Figure 5. The Categories of the Processes of Reception, Thinking, and Expression (Niesen and Van Hattum, 1969)

Wiseman (1969) utilizes a system of informal testing based on his "Educational Language Model." Figure 6 reveals his division of communication into input, process, and output. Wiseman works primarily with groups. He first assesses their capabilities based on his model and then provides a program based on the observation.

Input	Process	Output
Auditory	Meaningful	Verbal
Visual	1. Reception	Motor
Haptic	2. Association	Verbal-motor
Auditory-visual	3. Expression	
Auditory-haptic	Not or less meaningful	
Visual-haptic	1. Grammar	
Auditory-visual-haptic	2. Memory	
	3. Closure	

Figure 6. Wiseman's Educational Language Model

The study by Schiefelbusch and others (1968) points out the major problem in program planning, noting that systematic programs for speech and language training presuppose information which is not yet available. Definitive evidence on the most effective program approaches is not yet available. In fact, it almost appears that any specific attention yields results if it utilizes sufficient daily time and is ongoing.

VII. Program Suggestions

Regardless of the program utilized, attention to two specific needs of retarded children – listening and responding – seems indicated, based on teacher reports and research results.

First of all, mentally retarded children need to learn to listen. In teaching them to listen, the teacher should take the following steps, already familiar to speech clinicians:

1. Have the children remain silent. Listening does not mean merely being quiet although this is a logical first step in training.
2. Have the children describe what they hear when they are silent.
3. Have them repeat a word, a sound, or a noise the teacher makes.
4. Have them repeat the question the teacher asks.
5. Have a child make up a question after the teacher gives an answer.

6. Have the children formulate and ask questions based on a topic the teacher provides.

7. Have the children play guessing games, at their level, where they must ask questions.

8. Help the children learn better ways to ask questions.

The importance of appropriate questioning cannot be overstressed. Not only is it necessary to academic success but much of our own internal problem solving is done as we respond to questions we ask ourselves.

Second, these children must know how to formulate answers. Semmel (1968) feels that mentally retarded children can better answer questions if they know how to begin to formulate a response. Questions beginning with *why* are usually responded to with *because.* Questions beginning with *if* usually require a *then* concept. *When* questions require *when, before* or *after* answers. *Where* questions require one of several prepositions. The words the child needs to trigger his response are often not known to him. These could well be called TACTIC (The Answer Connoting Terms In Communication) words because they provide the child with a *tactic* for answering the question and solving the problem.

Grammar is the most logical and necessary place to begin a language program. Whether it is the child's first or second language learning, he must develop the prevailing grammar of the society in which he desires to function.

Currently, the most productive and researched program in this area appears to be that of Bereiter and Engelmann (1966). It consists of a beginning and an advanced language program. The program was intended for the preschool disadvantaged child but its use here is considered for those children with undeveloped grammar. Recently, a clinician reported success in utilizing the program with teenage trainable children.

The authors describe the program as developing basic language skills which are the "rock-bottom foundation of language." The tasks in the program revolve around the statement forms, "this is a ______" and "this ______ is ______." From these two forms the child learns first how to identify the things in his world and then how to ask questions about them. Bereiter and Engelmann add that the child also learns how to compare things as to size, texture, and sound and later make more sophisticated comparisons. He learns to ask himself questions and to proceed on his answers or to develop "if-then" reasoning. Thus, in addition to developing grammar, he is led to the development of logical thought.

The advanced language program extends the basic skills and includes *and, only, or, some, all,* and *if-then* concepts. It also helps establish the basis for "I don't know," which the authors feel is crucial in processing problems that involve more than one possible conclusion. Verbs and pronouns are dealt with as well as polar opposites and the before-after concept and their expansions. The program concludes with polar change problems. Figure 7 presents a sample of this program.

Object	**Clinician**	**Child**
	Affirmative Statement	
Hold up ball	This is a ball. Say it.	This is a ball.
	This is a what?	This is a ball.
Hold up cup	This is a cup. Say it.	This is a cup.
	This is a what?	This is a cup.
Hold up pencil	This is a pencil. Say it.	This is a pencil.
	This is a what?	This is a pencil.
	Negative Statement	
Display cup, ball, and pencil Point to ball	Is this a ball? Yes, this *is* a ball. Say it.	Yes, this is a ball.
Point to cup	Is *this* a ball? No, this is *not* a ball. Say it.	No, this is *not* a ball.
Point to pencil	Is *this* a ball? No, this is *not* a ball. Say it.	No, this is *not* a ball.

Figure 7. A sample of the Bereiter-Engelmann Program Developing Basic Language Skills

Of the general language programs available, the Peabody Language Development Kits (Dunn and Smith, 1966) are probably best known. They are well conceived and are based on classroom experience and trial. The materials are very good. However, persons using the materials report that they should be used as part of a carefully planned program tailored to the needs of a class or a child, not as a "cookbook" to be followed rigidly. Latham (1969) has classified the Level 2 kit activities according to the ITPA subtests. She notes that consistency is somewhat lacking in that an activity may deal with a specific deficit one day and then not be repeated for many lessons.

However, for the inexperienced clinician or teacher, the availability of such a program can be extremely helpful, and for the experienced specialist, the use of the kits can also be very productive.

The Niesen-Van Hattum (1969) program is designed for classroom use but can be used on an individual basis. It is aimed at deficiencies of the entire group or of small groups of children. It uses life or environmental expectancies as behavioral goals. As Schiefelbusch and others (1968, page 2) state, "Elimination or reduction of the discrepancy between the retarded child's language skills and the language requirements of the community in which he will live should then be the goal of a language training program." Behavioral goals are separated into reception, thinking, and expression. Each behavioral goal is followed through primary, intermediate, and secondary school levels, and both informal and more formal communication needs are considered. The clinician or teacher must select from the suggested activities, play, and carry out a program she feels suited to the needs of the children.

Figure 8 presents an example of a behavioral goals chart. Figure 9 reveals how activities are then suggested for the primary level.

The Wiseman (1969) program is a lengthy one to describe in detail. Using the "Process" segment of his model as seen in Figure 6, he develops exercises that strengthen those areas which are deficient. He suggests that weaknesses be dealt with in the remedial program and that disabilities be circumvented by using stronger channels in the developmental program. In this program all areas of language are systematic exercises. No attempt is made to develop "pure" exercises. Its advantages are that it is not a difficult program to master in terms of presentation, and it is enjoyable for the teacher or clinician as well as for the children.

Wiseman's method of explaining his system by using a cow as a subject is presented here with examples of his procedure. The teacher or clinician draws a picture of a cow on the board. The various processes are then worked on. Reception is viewed as the interpretation of incoming data. The divisions of reception are:

1. *Auditory discrimination* (The teacher asks if two words are the same or not the same, using such pairs as *horn-horn, hoof-hook,* or *tail-sail.*)"

2. *Vocabulary development* (The class may talk about a hoof or a horn.)

3. *Following directions* (A child might be asked to demonstrate how a cow defends herself.)

Association is described by Wiseman as the ability to relate ideas together and manipulate internally or problem solve. The teacher or

Primary level (6-9 years)	Intermediate level (10-12 years)	Secondary Level (13-18 years)
EXPRESSING	EXPRESSING	EXPRESSING
1. Child responds with correct verbal forms to his immediate environment: a. Uses appropriate labels for people, places, and things (choo-choo becomes train, bye-bye becomes goodbye) b. Gives simple description of familiar objects c. Describes function of familiar objects, places, and people (What do you do with a spoon?) d. Verbalizes personal experiences (show and tell) e. Responds appropriately to simple questions	1. Child responds verbally to meet the demands of an expanding environment: a. Increases vocabulary b. Describes experiences more accurately and completely c. Begins to use elaboration in his conversation (uses more detail in relating events and ideas) d. Begins to gain and give information through questioning and discussion	1. Child uses appropriate speech and language to meet social and occupational demands: a. Increases his vocabulary to include many work-related terms (foreman, check, time clock, double time) b. Uses socially acceptable speech and language forms in a variety of situations (for example, doesn't swear in mixed company, chooses acceptable topics for conversation, doesn't dominate conversations) c. Regulates pitch, rate, and volume appropriately to the demands of specific situation
2. Child begins to use language to adapt to his environment: a. Verbalizes personal needs and feelings b. Uses simple social amenities c. Relates personal information (name, address)	2. Child uses language to meet social needs: a. Gives vital information accurately (name, address, birthdate, parent's name) b. Responds appropriately to questions c. Begins to use the telephone for communication d. Verbalizes feelings and emotions e. Delivers simple messages f. Extends use of social amenities (handles simple introductions, use of "Excuse me," "I am sorry")	2. Child uses language as an adaptive manipulative and modifying tool of his environment a. Gives personal information effectively in interviews b. Responds verbally without tension or undue hesitation c. Asks questions to obtain information or assistance d. Responds appropriately to unfamiliar or stress situations (police, fire, accident) e. Expresses respect, admiration, friendship, and apologies through appropriate language usage

Figure 8. Example of a Speech and Language Behavior Goals Chart

EXPRESSION

Goals

2. The child begins to use language to adapt to his environment (see Figure 8):

   a. Verbalizes personal needs and feelings
   b. Uses simple social amenities
   c. Relates personal information (name, address)

Suggested Activities

- Role play. The children demonstrate to the class the type of emotions that they feel when they are hurt, angry, happy, sad. (2a)
- Use of riddles to discuss personal needs. (I cut my finger, what do I need? My face is dirty, what do I need? I want to buy a dress, what do I need? I am thirsty, what do I need?) (2a)
- Introduction of visitors and new children. Observe all courtesy throughout the class day during such activities as snack time, lunch time, and birthday parties. Greet the bus driver, attendants, and therapists. Try to talk to each child individually sometime during the class day. (2b)
- Discussion of good manners. (Read Munroe Leaf's *Manners Can Be Fun*.) Have each child make a poster illustrating one example of good manners, which he shows to and tells the class about. Use pictures cut from magazines to illustrate the poster. (2b)

Figure 9. Example of Suggested Language Program for Primary Level

clinician helps the class to develop relationships by by introducing appropriate or leading statements.

1. *Similarities and differences* ("How is a cow like a horse?" "How is a cow different from a horse?")

2. *Problem solving* ("What would you do if a cow got caught in a fence?")

3. *Classification* ("What other animals are on a farm?")

4. *Cause and effect* ("What would happen if a cow weren't milked in time?")

5. *Why* ("Why are cows on a farm?")

6. *Absurdities* ("I saw a cow on a cloud.")

7. *How many?* ("How many things can you make with beef?")

Expression is described as the ability to generate and formulate ideas but not necessarily with verbal output. The clinician or teacher helps the class verbalize. The divisions of expression are:

1. *Imitation* ("Say it the way I say it." Teacher: *horn;* child: *horn.*)

2. *Labelling* (The teacher points and the child names the object.)

3. *Describing* ("Tell me about . . . ")

4. *Defining* (The teacher asks the child to give a definition.)

5. *Story telling* (The teacher asks the child to make up an ending to a story or to tell a story. Also, the teacher may start a story and go from child to child, adding on.)

6. *Conversation* (The children may discuss something pertaining to a cow.)

Grammar is noted by Wiseman to be the least understood and most used aspect of language. In addition to the Bereiter-Engelmann program, he suggests the teacher or clinician:

1. *Use complete sentences* (Force the child to present full sentences in describing the cow.)

2. *Make up commands* (The child says, "Put an 'x' on the tail.")

3. *Restate child's words* (The clinician acts as a competent echolalic by stating what the child says, utilizing correct grammar.)

Memory is further divided by Wiseman into sequential versus global, meaningful versus nonmeaningful, recognition versus recall, and auditory versus visual. Examples of developing some of his suggestions are the following:

1. *Sequential* (Have the child point to hoof, ear, horn, and tail in the order the clinician does.)

2. *Auditory* (Use spelling words of three- or four-letter length.)

3. *Recall* (Point to a part of the cow and then remove or cover the picture and have the child tell what it was.)

Finally, Wiseman deals with closure, to be developed by the clinician or teacher as illustrated in the following examples:

1. *Whole form* ("What's missing?" Show a partial picture and have the child guess what it is; draw a picture a line at a time and have the child guess what it is; draw dots and have the child guess what it is.)

2. *Auditory* (Distort the voice and see if the child knows what is said.)

3. *Sound blending* (Separate the sounds of a word and have the child tell what the word is.)

Although the program is loosely structured, it offers a fine example of how a language program can be developed from a model with the teacher needing nothing more than ingenuity.

Blessing (1965) and later McCarthy (1967) developed suggestions for remedial activities based on the Illinois Test of Psycholinguistic Abilities. McCarthy lists "observable classroom behavior" with accompanying group and individual teaching techniques for the following:

1. Visual-motor channel disability (auditory learner)

2. Auditory-vocal channel disability (visual learner)

3. Decoding process disability (doesn't understand the significance of what is heard and seen): (a) Auditory decoding disability; and (b) Visual decoding disability

4. Association process disability (inability to manipulate linguistic symbols internally – doesn't relate what is heard and seen to what has been stored): (a) Auditory-vocal association; and (b) Visual motor association

5. Encoding process disability (doesn't express ideas in words or gestures): (a) Vocal encoding; and (b) Motor encoding

6. Auditory-vocal-automatic disability (doesn't learn automatically from hearing language structure over and over)

7. Sequencing disability (cannot remember sequences of nonmeaningful stimuli): (a) Auditory-vocal sequencing; and (b) Visual-motor sequencing

Many helpful suggestions for classroom teachers and clinicians are listed in the McCarthy pamphlet.

The programs presented are representative of several excellent opportunities for ideas for language programming. The clinician will find additional sources in the literature and commercial products.

VIII. Conclusion

The study of language offers many new opportunities for professional adventure. Helping children who cannot learn or who learn inefficiently due to language deficiencies provides satisfactions that are unequalled in our profession. The changing role of the speech clinician leads to greater rewards, to more responsibility, to increased professional stature than ever before. More than being correctors of /s/ sounds the clinician is capable of aiding youngsters to think more efficiently, to be better adjusted, to communicate better, and to live happier and more productive lives. The challenge is a great one. The personal investment is considerable. But it is well worth the effort!

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Language Programs in Special Education

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The topic originally assigned to me as a participant in this special study institute was "Language Programs for Preschool and School-Age Children with Language Problems Related to Mental Retardation, Brain Dysfunction, and Emotional Disturbance." To avoid the need for an additional flyleaf on the program which would accommodate that hyperverbal heading, it was necessary to shorten the title of this paper to "Language Programs in Special Education." However, being by nature a hyperverbal person, I intend to discuss the topic that was originally assigned to me.

By way of introduction, I should like to make a few philosophical points. First, let me say that in ten years of clinical management of preschool children with developmental language disorders, I, too, have come to believe that a lack of development in verbal skills is symptomatic of learning problems which usually have broad and long-term educational implications. To anyone working in a school or a school-related environment, it becomes eminently clear that from an educational standpoint nearly all of these children are bound for eventual placement in special classrooms. That is to say, except for some children with problems of sensory deprivation, the preschool child with limited verbal abilities more often than not matures into a prime candidate for a room for mentally handicapped, neurologically impaired, or emotionally disturbed children.

Second, I believe that the assignment of preschool children to broad diagnostic classifications may contribute to a basic understanding of their problems, but it rarely defines their language or eventual educational needs. It has been our experience that from the schools' standpoint the diagnosis of children with language disturbances largely centers on a need for classification in order to determine educational placement. Further, it frequently is assumed that implicit in educational placement is the specific language development program which a given child may need. This line of reasoning seems to be inappropriate since such classification fails to guarantee a homogeneity of needs; each child ultimately demands a highly individualized prescriptive program of language development. In other words, the language development needs of mentally retarded, neurologically impaired, or emotionally disturbed children are as specific and different as each of the children who have been so classified.

Third, the parents of preschool children with developmental language problems demonstrate as great a need for clinical management as do their children. Each of these parents brings his nonverbal child to a speech clinician for one reason – the child needs someone "to give him speech." The parents are unaware of or unable to realize the eventual educational implications presented by the problem and are convinced that with "a little bit of speech everything will be all right." They are quick to point out how bright their child seems in areas other than speech, and they cite evidence of recorded developmental landmarks which, by the way, often conform to Spock or Gesell. Their neighbors and in-laws have confirmed that something should be done about "getting the child some speech before kindergarten" and they have arrived for that purpose. Their one-time concerns have been transformed into anxieties. They want their children to speak but are not ready to understand and accept the overwhelming proportions that the problem generally represents.

Fourth, because of these circumstances, we need to shift the emphasis of our diagnostic approach with language-impaired children from a format which is primarily concerned with etiologic factors to a broader behavioristic viewpoint. Most often the young child with a language problem brings with him a series of diagnoses which reflect the specific viewpoints of agencies in which he previously has been evaluated. In general, such diagnoses represent the culmination of exhaustive multidisciplinary studies which principally have resulted in a determination of etiologic factors. The contribution of the educationally oriented speech clinician should amount to more than engaging in a similar interdisciplinary exercise and attempting to resolve confusion by summarily rejecting former diagnoses in favor of a new one.

It goes without saying the investigation of etiologic factors is an important aspect of the diagnostic procedure. However, in the context of an educational setting, such investigation should be regarded as only one aspect of the evaluative process, not the totality. Further, in the traditional vernacular of educational circles, it is important to remember that terms such as "mental retardation" and "emotional disturbance" are more descriptive than diagnostic, and "neurological impairment" frequently represents differential conjecture rather than clinical evidence. Under these circumstances, what is a language problem associated with one of these conditions?

For these reasons we have come to view the diagnosis as three-faceted: (1) determination of etiologic factors; (2) developmental evaluations of language and language-related processes; and (3) behavioral assessment in terms of characteristic adjustment patterns. It often involves a two- to four-year period of teaching and observation.

With respect to etiology, a thorough multidisciplinary and interdisciplinary investigation of precipitating and perpetuating factors is regarded as essential for at least three reasons: (1) parents want to know why; it is our responsibility to help them find the answers; (2) a need for intervention of a medical or social-emotional nature may be indicated and should be instituted as part of the total program; and (3) from the academic standpoint, we are concerned about the relationships between known conditions and observable behaviors.

When a preschool child who is failing to develop language presents himself, therefore, our immediate question may be "What *is* he?" But our long-term question is, "What does he do?" Regardless of etiologic bases, we in the schools have the responsibility to identify and describe a child's proclivities of learning and to demonstrate the effects of channeling these proclivities toward acquiring linguistic skills, so that this information later may be used to teach academic skills.

The evaluative procedure, therefore, includes description as well as classification; it seeks to define what the child *does* as well as what he *is.* It indicates how the communication difficulty at once reflects and inflects learning. It includes *selective* rather than *differential* educational placement and frequently extends into education by virtue of continued contact with the child and sustained consultative contact with his teacher.

In effect, the language learning patterns of the child and factors which have interfered with language development assume greater importance than the circumscribed verbal disorder. Both are investigated in etiologic and specific behavioral terms, the findings of which may be used to diagnose the verbal problem as well as to relate it dynamically to broader educational implications.

Let us now turn to some of the specific operational elements necessary to the fulfillment of the stated objectives. In an effort to provide a comprehensive base, we have followed the practice of appraising all language-retarded children within a developmental framework. This viewpoint assumes that physical and behavioral maturation proceeds in an orderly fashion and that observations of the performance of a child on specific tasks will reveal his level of development in broadly defined areas. It also assumes that developmental processes are closely interrelated.

The essentials of the ongoing evaluation of children are classified in terms of the well-known genetic sequences of development which Gesell (1940) established for speech and language, motor, adaptive, and personal-social behavior. Within this framework pertinent factors are identified and compared to normal patterns of development over a period of time. This orientation provides the clinical foundation for evaluating and tracing speech and language development as well as motor and intellectual development. It is similar to that most recently outlined by Bangs (1968), though in our setting it is more liberally reliant upon clinical observations and on performances on specific test items.

As do most speech clinicians, we usually first record a description of the child's speech and language behavior. We have found the scheme presented by Lerea (1958) most helpful, in its simplicity, as a means of initially organizing observational data. The scheme calls for the assessment of children's expressive and receptive capabilities for sounds, words, and connected speech. It provides a means for looking at various dimensions of the symptomatic behavior without reference to etiology or underlying process disturbance. Regardless of the specific tests or instruments used to measure the various linguistic dimensions of the scheme (expression-sounds, reception-sounds, expression-words, and so forth), the results may be placed in their appropriate cells to provide a baseline for charting progress within the general segments of observable language behavior.

In addition, as new tests and standards of measurement become available, they may be substituted for old ones within the same fundamental scheme. For example, the *Peabody Picture Vocabulary Test,* certain of the subtests of the *Illinois Test of Psycholinguistic Abilities,* and findings of Lee (1966) on the development of syntax have found their way into this framework. When reviewed systematically at given time intervals, this plan provides a suitable means for obtaining a series of descriptions of language behavior in which temporal changes may be noted.

Although such descriptions are useful – as well as necessary to our ego strength – by far the most prominent feature of the educational diagnostic approach is the evaluation of language-related processes. We have been guided by those learning theorists who have stated, in one way or another, that sensory-motor experiences and perceptions of experiences are contingencies to concept development, and many words come to stand for or name concepts that have been learned preverbally. Briefly, in oversimplified but meaningful clinical terms, the basic processes involved in language development with which we become concerned are reception, perception, conceptualization, and verbalization. Subsequently, the treatment implications of the diagnosis do not depend on the general developmental condition to which the language disorder may be attributed, but on specific behavioral signs which are suggestive of dysfunction in one or several of these processes.

In other words, regardless of a specific educational-diagnostic classification or impression (mental retardation, neurological impairment, emotional disturbance, or any other inclusive term), we tend to regard a language impairment as a manifestation of difficulties in reception, perception, conceptualization, verbalization, or any combination of these. It is difficulties such as these that have interfered with language learning and toward which treatment procedures are directed. I should like to call your attention to the succinct and helpful reviews of this area by Carroll (1964) and Richardson (1968). It becomes evident that the beginning point in language training is the identification of specific liabilities in the processes related to language learning, as well as a developmental assessment of those processes which are intact. The clinical approach then utilizes the observed assets of the children within these areas to teach skills in areas of apparent deficiency.

The key features of this approach may be stated as follows: Sensory-motor, perceptual, conceptual, and vocabulary skills are taught in a specific or generalized manner, depending on the functional level of a child in each of the areas. The development of concepts precedes active efforts to elicit appropriate verbal responses – although if a child spontaneously responds verbally, such behavior is reinforced. For example, if sensory-perceptual dysfunctions seem to be interfering with concept development, we provide prelinguistic training in this area before progressing to more abstract verbal expectations.

In this approach we use all the techniques known to us. There is no curriculum as such for children who are known or thought to be mentally handicapped as opposed to neurologically impaired as opposed to emotionally disturbed. Rather, a prescriptive program is tailored to each child in terms of the behavioral deviations which he demonstrates relative to disturbances in language-related processes. If sensory-motor deprivation is apparent, basic training is begun in this area utilizing techniques which span the contributions of Montessori (1912) and Kephart (1960); if sensory-perceptual development is delayed, specific techniques which are used include those of Strauss and Lehtinen (1947) and Frostig and Horne (1964) or Zigmond and Cicci (1968).

The various objective test items that may be utilized to evaluate the specific language-related areas are as well known to you as to me. The essential aspect, however, is not the test or series of items which are used, but the time invested in organizing responses (whether they are elicited through the use of formal test items or by other means) in terms of their possible relationships to language processes. Such organization facilitates the operation of at least three general principles through all aspects of a child's program: (1) Attention is paid to the language-related processes. (2) The child's assets are utilized. (3) The progression is from concrete to abstract – from an actual experience to the word; from the concept to naming – through matching, sorting, and identifying.

Although the desired end result is verbalization, the attainment of this result does not begin with a program designed to elicit verbal responses either of a socially meaningful or structurally significant nature. Rather, an effort is made to begin at the functional linguistic or prelinguistic level of a child and to provide him with success experiences at that level, moving forward in an environment which stresses a positive accepting relationship.

Having discussed etiologic factors and language-related processes, we may proceed to the final aspect of this approach, which deals with the characteristic adjustment patterns of the child as they relate to learning. This area largely concerns manipulation of environmental factors in the clinic and out of the clinic in an effort to provide a milieu for optimum learning. We are concerned here with the varying degrees of permissiveness and firmness, structure and lack of structure, directness and indirectness, and stimulation and lack of stimulation that will facilitate improved function.

As stated earlier, we believe that sustained parental involvement in a language-development program is absolutely necessary. In our own program, the parents' participation takes as much time as does that of the children. It includes weekly group meetings conducted jointly by the speech pathologist and the social worker to explore speech and language development and social-emotional development; weekly individual contacts with the social worker; weekly observations of the children's group activities for information as well as group social work; and frequent observation of individual sessions.

In time, the parents can reorient themselves to the significance of the language problem and realistically relate it to educational planning, programming, and achievement. The combination of direct observation, involvement in their children's program, and supportive social work gradually leads them to understand certain of their children's specific difficulties and gives them insight regarding the relationships between these difficulties and language learning. They are then ready to accept the long-term educational implications and responsibilities intrinsic to these problems.

To summarize thus far, the emphases of the discussed language development program for preschool mentally retarded, neurologically impaired, or emotionally disturbed children are twofold. On the one hand, substantial staff time and energy go into a thorough multidisciplinary investigation of etiologic factors that have contributed to the problem. Second, and most important, the program is designed to identify the language and learning needs of the children, to meet these needs, and to advise parents regarding the day-to-day management of the children, regardless of the specific etiologic determinations. The overall objective of the program is early educational planning.

Ideally, if the language-impaired child is seen during the preschool years, the transition to an appropriate program of language development in school obviously is simplified. In general, the children who attend our language development program attend nursery school during their fifth year of life and regular kindergarten during their sixth year. During this time they continue to receive specific language therapy. At the conclusion of the kindergarten year, the clinic staff, the special education staff of the school district, the teacher, and other concerned personnel review each child's problems and formulate a long-term educational plan for him. In this manner the combined effort of the clinical team not only defines the communicative disorder but also relates it to probable academic difficulties and substantially influences and penetrates the educational plan for children who demonstrate developmental language disorders.

In the event that a child is of school age when he first comes to our attention, the pattern of clinical management remains the same, though the integration of findings with the child's school program may lead to some specific problems. One of the chief challenges is educating and convincing instructional personnel that the development of auditory-verbal skills with these children significantly relates to their achievement in other language modes. Although the language development needs of some of the children in any classroom are met satisfactorily by the curriculum which is provided, frequent and mutually meaningful consultation is necessary regarding specific measures which must be taken in behalf of those children whose breakdowns in auditory-verbal behavior prohibit success in the operational school program as it exists. Few speech clinicians are trained in total language development; few classroom teachers are trained in the development of auditory-verbal skills. Fortunately, however, in most special education classrooms, enrollments are small enough to enable the classroom teacher to provide individualized time and programs for the development of these skills, if consultation, training, and relevance to the academic program have been established.

Once again, we have found that the most effective way to interpret language problems to special education or regular classroom teachers is through emphasis on description rather than classification. In this way, a child-centered conference rather than a language disorder-centered discussion is promoted. Further, the descriptive analyses provided by the speech clinician generally are not startling findings to an astute classroom teacher; they tend to corroborate many of the teacher's impressions. If so, a comfortable communication environment is established in which a child's acquisition of language skills can be related to other aspects of his behavior and school adjustment.

The behavioristic context also helps to define a planning structure similar to that with which most educators are familiar. The approaches utilized to enable a child to learn appropriate language patterns in many ways resemble teachers' daily goals with respect to other skills. The individual characteristics of the child on the one hand and the application of principles and theories of learning in his behalf on the other are common concerns of speech clinicians and classroom teachers. They should be capitalized upon in program planning.

Whether or not the child with a language disorder is placed in a regular or special classroom, it will be necessary to make adjustments to meet his individual needs. Johnson and Myklebust (1967) state that teaching of children with learning disabilities must be "strikingly individualized." We would extend that statement to all of the children whom we have been discussing. Selective room placement which provides for individual instruction is essential. As a child matures, his verbal communication problem becomes more closely related to his total academic needs. Particularly in special education classrooms, with their increasing emphasis on the development of social competencies (including verbal skills), the classroom curricula may be interpreted superficially to meet these needs. It often does not truly do so.

In conclusion, with our current state of availability of specialists in schools, we have found that those principles outlined by Freeman and Lukens (1962) for speech and language development for mentally handicapped children generally can be extended to all children who demonstrate language disorders. It is the responsibility of the speech clinician to examine each child, diagnose his language disorder, and formulate and direct a plan from the point of view of improving verbal communication skills. The speech clinician must also treat specifically those children who demonstrate deficiencies in language-related processes which result in poor verbal communication. It is the responsibility of classroom teachers to cooperate in the formulation and execution of a curriculum for oral communcation which provides general opportunities to stimulate the entire class. The teacher must also provide highly individualized supplementary instruction relative to the specific language needs of certain of the children.

Most educators recognize the importance of social education for children with mental retardation, neurological impairment, or emotional disturbance. Since the acquisition of social competencies as well as academic skills is a major goal in the education of these children, speech and language necessarily are important aspects of their educational program. Through coordination of classroom and clinical speech procedures, increased opportunities become a reality for these children.

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Variables in the Educational Programming for Children with Language Disorders

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Many dimensions of language behavior need to be investigated by specialists who work with children who have neurological involvements. Because the human brain is complex and the language-learning process is involved, it is apparent that many different types of problems will be found. Hence, in screening and evaluating children, we need to examine many aspects of language behavior. Typically, we need studies of the following:

1. Auditory acuity
2. Auditory discrimination – both verbal and nonverbal
3. Verbal comprehension – single words, sentences, and stories
4. Auditory memory span
5. Retrieval
6. Auditory sequencing
7. Syntax
8. Articulation

The purpose of the examination is to determine whether there are disturbances in processing information. Throughout the evaluation we also attempt to study the effects of a specific disturbance on various areas of language, learning, and behavior. For example, if a child has a discrimination problem, what does it affect? Does it affect comprehension, articulation, or higher levels of learning such as syllabication and spelling. In some instances the problem interferes with meaning. For example, an eight-year-old was asked, "What is the difference between a calf and a colt?" His response was, "A calf is something you put on a broken arm, and a coat is something you wear outdoors." Similarly, a seventh grade girl was asked to define the word "slaughter," and she said, "It's what the mechanic does when he puts two pieces of wire together." In other instances the discrimination problems primarily affect articulation. At times the problem interferes with reading, but not always. If the children have very good visual abilities, the printed symbol may stabilize the auditory.

Interrelated problems also can be noted among the children with retrieval disorders. Some improve when they read; others do not.

Many show a wide discrepancy between oral and silent reading abilities because they comprehend the visual symbol but cannot "transduce" to the auditory; some also exhibit dysfluency. Excessive demands for oral reading should not be made if the students have difficulty with auditory recall.

Whatever the disturbance, we do need to investigate the interrelationships of these various areas of language, learning, and behavior. Without such a study the remedial plan is apt to be skill oriented, fragmented, and less effective than it could be.

After the problems have been identified, the clinician must then ask the question, "How can I modify the child's behavior?" In order to modify behavior, we are told repeatedly that specific goals must be defined. I agree; however, we also need to consider those factors which facilitate change. As clinicians, we must become more aware of critical input factors or variables that influence progress. An eminent physician once said that diagnosis requires great skill in sifting and sorting data, but clinical medicine (and we might add, clinical teaching) requires the manipulation of multiple variables. Likewise, clinical work with language-impaired children must include the study of those factors which contribute to learning.

The first variable pertains to the nature of the input stimulation and specifically to the *number of sensory modalities* being stimulated. If a child has a problem of auditory discrimination, of comprehension, or retrieval, or apraxia – through which sensory modalities shall we work? Because each child presents a unique pattern of deficits and strengths, it seems logical that we cannot use the same type of stimulation for all children. Bombarding a deficit function may not be effective. For example, if a child has a disturbance of auditory discrimination, usually we must do more than present pairs of phonemes or words. Similarly, if a child has a disturbance in visual perception, we must do more than present work sheets designed for that purpose.

To illustrate, two seven-year-olds in a class had difficulty perceiving differences between rotated figures such as the *c* and the *u*. When given work sheets with those figures, the boys refused to try and said, "I can't do that; it's too hard." The clinician's task was to find the proper combination of input stimulation that would help the boys discriminate the differences. Since child A had good verbal comprehension, the teacher used simultaneous auditory-visual stimulation: "down, across, up" or "left, down, right." After only three or four stimulations, the child responded "I got it – I can see it – let me do that." In contrast, child B had problems of verbal comprehension as well as visual discrimination problems. The clinician now asked the child to close his eyes while she guided his hand over each figure, saying nothing. After a few stimulations, she asked, "Do you feel the difference?" He could; then he was asked to open his eyes and *see* the difference.

The balance of input stimulation also should be considered when we try to improve auditory discrimination. Instead of bombarding a child with various combinations of phonemes or words, we ask ourselves, "What options are open to the clinician?"

First, we have the possibility of *intrasensory* stimulation. This means that for brief periods of stimulation, the child is asked to close his eyes. We have found that some students cannot look *and* listen simultaneously; they become overloaded. They cannot process information from two or more sensory channels simultaneously. A six-year-old, for example, was able to successfully complete a hearing test only when his eyes were closed. Often you can observe children turn away from the speaker or close their eyes when confronted with a difficult listening task. Many of us will close our eyes or turn away from a child to listen more carefully to his speech.

As one might expect, not all children profit from intrasensory stimulation. They need cues from other sensory channels. Some improve by watching the speaker's lips; they follow a visual movement plan. Others profit from seeing the visual symbol or the printed word. Still others need a unique cycle and balance of input stimulation.

A third-grade boy who could not perceive differences between words such as *pin* and *pan* learned only after the clinician first presented visual movements for the production of the two words. No sound was used. Next, the teacher placed a mirror under her chin and asked the child to imitate the patterns she presented – again with no sound. Now the child was asked to feel the difference. Finally, he was asked to produce the sound as he imitated the movements. Only then did he begin to perceive the differences auditorially.

Whether we are dealing with problems of perception, comprehension, memory, or syntax, one of our questions in remediation pertains to the number of sensory modalities to be stimulated.

A second variable pertains to the *verbal or nonverbal quality* of the stimulation. It has been hypothesized that there are differences in the brain with regard to the processing of verbal and nonverbal information. We have been exploring these differences and find that certain children can process nonverbal information but not verbal. The reverse is also true; some process verbal but not nonverbal information.

Currently we are working with a six-year-old boy who has above-average intelligence but who has rather serious nonverbal problems. His mother remarked that the boy hears the doorbells in the home but he still does not know which door to go to when a bell rings, even though the bells have quite different tonal patterns. In contrast, his three-year-old brother runs quickly to the correct door. This same boy has difficulty perceiving many of the meanings which are conveyed by vocal inflection. He cannot tell when a person is angry, tired, or irritated. As you might expect, his own language is lacking in these features. We began the remedial program, using tape recordings and listening for pitch variations, and the boy in a very moving way said, "Do you mean those ups and downs really mean something?" Apparently he was processing only the verbal portion of the message. On tests of dichotic listening, this boy rarely responded to nonverbal stimuli. When verbal and nonverbal sounds were presented simultaneously, through either the left or right ear, he nearly always responded to the verbal stimuli.

A third variable to be considered is *intensity*. Although the children in this population have normal auditory acuity, we have found that it is sometimes necessary to amplify sounds or words for the child to perceive and comprehend. One such case was a seventeen-year-old student who was referred because of a serious reading disability. Although he was a senior in a suburban high school, he could not read above a second grade level. He also had problems affecting auditory discrimination retrieval and oral formulation. During a period of diagnostic teaching, the clinician used a portable binaural amplifier when working on auditory discrimination. This young man began to detect sounds which he could not perceive under normal circumstances. As he improved in perception, he began to make progress in reading and now is reading at a ninth grade level.

A fourth variable is *rate of input*. Some children with language disorders are not able to process information at the same rate as the average person. One of our thirteen-year-olds has a serious problem of verbal comprehension but is an excellent artist. Not long ago I visited his class and noted one of his paintings on the wall. I remarked, "John, you are really a clever boy." He responded, "clever boy . . . clever boy – oh, yes, thank you."

In some instances it is necessary for the clinician to present material at a slower rate. We have just begun to work with a four-year-old whose oral expressive language consists of unintelligible words. When he hears language he frequently tries to imitate what he hears but produces very poor approximations. Recently, the clinician has begun to modify her rate of speaking. She says words more slowly, and the child's productions are nearly perfect.

A third grade girl also has a problem with rate of speech. In class she was falling far behind and complained that her teacher talked too fast. The parents told their daughter she would just have to listen more carefully. However, the girl could not. At times she became so frustrated that she withdrew from class activities. Then she was referred for psychiatric study. The psychiatrist found no personality deviations, but he referred her for further study of a possible language and learning disability. Our evaluation revealed precisely what the child had already said – that is, people talked too fast for her. When sentences were repeated more slowly, she responded correctly. In a performance test in written language, she wrote the first four sentences correctly from slow, expanded, oral presentation. In sentences five and six, dictated at a normal rate, she substituted letters, distorted the sequence of letters and words, and even omitted some words. A few studies have been requested pertaining to rate of speech, but a good deal more information is needed to determine when and how we should make modifications.

A fifth input variable a clinician should consider is *quantity of input.* As a rule, teachers tend to be highly verbal. They overload the child with too much speech. Here the complaint is that "teacher talks too much." Many tape records of a class or clinic session reveal just that. The ratio of teacher talk to child talk is much too large. Moreover, some teachers bombard their students with questions so fast they have no time to answer. A five-year-old post-meningitic child expressed this point much better than I can. Near the end of one class period, he looked up at his teacher and said, "You know, you give me an Excedrin headache." Quantity of input had become a critical variable.

Quantity and rate also are critical variables when children are given group tests or group assignments. Some youngsters fail verbal portions of reading readiness tests, yet when carrier phrases are omitted the children respond correctly to the items. Instead of saying, "Mark the furniture," the teacher merely says the word "furniture."

The sixth variable should be obvious, that is, *level of difficulty.* Whether the disability affects semantics, syntax, or phonology, level of difficulty might be considered. And we cannot present children with several tasks that are beyond their level. For example, we often see children with multiple problems; they may have trouble with abstract words, with retrieval, with syntax, and with articulation. In planning lessons, it is important that specialists control variables so that the child is not confronted with many difficult elements of language. Frequently adult aphasics will say: "I can't think about both what I'm going to say and how I'm going to say it." Similar responses are given by children. If the goal is to improve comprehension of abstract words, we can arrange tasks with a recognition or pointing response. If the goal is to improve a certain type of sentence construction, we will choose words we feel the child can say and retrieve easily.

A final point relates to the expected and desired response. As speech correctionists we learned to select media to elicit certain types of responses. If we want to improve production and carry-over of a sound we select pictures or experiences to elicit a response. Likewise, when working with children who have language disorders, we think about the expected and desired response and select the input accordingly. If our goal is to improve comprehension of questions beginning with the word "where," we will have to arrange the experiences so a child begins to understand that a response begins with a word denoting location. If we are working on retrieval, the clinician must consider what words she wants to elicit, and what type of input will facilitate a response. In some instances the input may be a multiple clinic question; in others, the initial sound; and in still others, the printed word.

In our efforts to systematize the remediation we can utilize teacher-child interaction analysis techniques. Grids or matrices are used which have columns for input and output. Various classifications can be used for input – pictures, verbal statements, or questions. On the output side one might have response categories such as "no response," "confusion," "single words," "phrases," or "sentences." These analyses can be used to study the performance of teacher and child, but they also can be used for lesson planning. As the teacher begins to think about the expected response, she can provide the appropriate input.

In summary, I have tried to make you aware of some of the educational variables that should be considered with this very interesting group of children who have language disorders. As a group, they will not all have the same problems, nor will it be necessary to control all of the factors I have mentioned. As *individuals*, however, their progress may depend upon our ability to manipulate these many input variables.

False Assumptions Educators Make About the Nonstandard Negro Dialect

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When disadvantaged black children enter school, one of the first of their subcultural patterns that is pedagogically attacked is their language. Educators have long noticed that these children do not speak the same variety of English that middle-class children speak, but it was the linguists who pointed out that disadvantaged black children speak a variety of English that the linguists label "nonstandard Negro dialect." Educators erroneously concluded that the speech of disadvantaged black children is full of phonological and grammatical errors. Linguists pointed out that these "errors" are systematic deviations from "correct" English (the variety of English spoken by the middle class and taught in the schools), and that these systematic deviations comprise the phonological and grammatical systems of a social class dialect.

From kindergarten through the elementary grades and to the end of the secondary grades, teachers have one primary goal: to eradicate the nonstandard Negro dialect of disadvantaged black children and to replace it with "correct" English. The failure to accomplish this goal is remarkable. Black children leave school at the end of 12 years still speaking the variety of English (the nonstandard Negro dialect) they spoke when they entered school. It would seem that this remarkable failure to get these children to speak like middle-class people (that is, to speak standard English) would have motivated teachers to reexamine the assumptions on which the language program is based, and to alter teaching strategies subsequent to this reexamination. No such reexamination took place until recently, however, and then it was the linguists, not the educators, who took the lead. Not all educators are aware of what has been discovered through the reexamination of the assumptions educators make about nonstandard Negro dialect.

False Assumptions About Nonstandard Negro Dialect

I propose to discuss some of the false assumptions that are made about nonstandard Negro dialect, and the unsuccessful attempts to teach standard English to disadvantaged black children because of these false assumptions.

1. *Assumption: Disadvantaged black children lack the capacity for cognitive development because of nonstandard dialect.*

First, it was found that educators have made a false assumption about the capability of nonstandard Negro dialect to enable black children to achieve cognitive development. This false assumption presumes that these children need to learn standard English. Next, after the decision (based on a false assumption) was made to teach black children standard English, the language program was based on further false assumptions that determine the basis for teaching strategies that do not succeed.

Many educators, sociologists, psychologists, and others believe that the nonstandard Negro dialect that black children speak impairs their cognitive development. Stated another way, nonstandard Negro dialect is a reflection of inadequate cognitive development of disadvantaged black children. The crux of this point of view is: nonstandard Negro dialect is *different* than standard English, therefore it must be *inferior* to standard English; and since language is essential to cognition, an inferior language must impair cognitive development of those who speak it. This is the basis for the thinking of those who adhere to the cognitive deficiency point of view. Of course, their point of view is bolstered by all kinds of research data.

The cognitive deficiency people, however, are wrong – in spite of their bolstering data. Although nonstandard Negro dialect is different from standard English, it's not automatically inferior. Language is a tool of culture – a perfect tool of culture. That is, the language of a people is always adequate to serve their needs (specifically, their cognitive needs). This means that nonstandard Negro dialect serves the cognitive needs of black children who must function in the black subculture.

Now, it is likely that the cognitive needs of children in the black subculture are different from the cognitive needs of children in the middle-class culture. Thus, the cognitive development of disadvantaged black children and middle-class children may be different. It undoubtedly is different because of the difference between the two cultures. Black children may lack some of the cognitive skills of middle-class children (or cognitive skills may not be as highly developed as they are in middle-class children); on the other hand, middle-class children may lack some of the cognitive skills of black children. The point is: difference should not be equated with inferiority.

The cognitive development of black children is suited to the demands of the disadvantaged black subculture, and the cognitive development of middle-class children is suited to the demands of the middle-class culture. When they are tested for cognitive development, however, black children are given tasks which require cognitive skills and development derived from a middle-class culture experience. Thus, they fail these tasks, and this failure causes some people to assume, erroneously, that the black children are inferior or deficient in cognitive development. Black children do not conform to the cognitive expectations of the school – they are different, not deficient. There is a subtle distinction.

We need to find out the exact nature of the disadvantaged black subculture, instead of comparing it to white middle-class culture to determine how it deviates from middle-class culture. Specifically, what kind of cognitive development is yielded by a disadvantaged black subculture experience? This kind of knowledge could completely change education programs for disadvantaged black children. Current types of compensatory education programs conducted for disadvantaged black children attempt to *compensate* for the lack of middle-class experiences of disadvantaged black children. In other words, they attempt to give black children middle-class experiences and teach them standard English so they can develop the cognitive skills on which the curriculum is based. They attempt to turn disadvantaged black children into middle-class children so they can fit the curriculum. This, of course, is why compensatory education has failed. If the kind of cognitive development yielded by a disadvantaged black subculture experience were known, then the curriculum could be based on these expectations. This would result in a vastly different "compensatory" education program than we now have.

The present types of compensatory education programs are conducted because educators don't know the disadvantaged black subculture, and they don't know the cognitive demands and the cognitive development of disadvantaged black children. (Most educators have not even considered the possibility that education programs could be based on the cognitive development of disadvantaged black children, because their cognitive development is considered deficient.) One of the requirements for success in these programs, however, is standard English. Thus, educators try to force disadvantaged black children to discard nonstandard Negro dialect and learn standard English to improve their cognitive development. The necessity to learn standard English is the first, and most significant, of the false assumptions made about nonstandard Negro dialect. It forces educators to teach disadvantaged black children standard English before they are capable of learning it, and before they really need to learn it. First, young black children are just learning the nonstandard Negro dialect (this is the variety of English spoken in their primary cultural environment, and so it is necessary that that they learn it). Second, they don't see a need for learning standard English because they aren't ready for work; standard English is nonfunctional in their primary cultural environment; and the disadvantaged black children don't associate with speakers of standard English, except the teacher, in our racial and class segregated society.

Disadvantaged children do need to learn standard English, however – but not for the reasons given by the "cognitive deficient" people. These children need to learn standard English because it is essential for vocational, social, and academic success as long as the curriculum is based on the ability to speak standard English. Disadvantaged black children need to learn standard English so they can be successful whenever they have to function in the dominant middle-class culture.

Attempts to teach them standard English, however, fail because of further false assumptions made about nonstandard Negro dialect and the language behavior of disadvantaged black children. These false assumptions, unfortunately, have become dogma with respect to the language and language behavior of disadvantaged black children because of their frequent repetition in the literature on these children. Teachers have come to accept these dogmas without question because it's "immoral" (in this case, pedagogically immoral) to question dogma. Further, like most dogmas, these false assumptions are comfortable to live with because they don't require strenuous explorations into the unknown.

2. *Assumption: Black children who use nonstandard dialect are nonverbal.*

A second false assumption, frequently heard about disadvantaged black children with respect to their language, is that these children are "nonverbal." Taken literally, this means that disadvantaged black children are without language. Of course, those who subscribe to the nonverbal characteristic of black children don't mean the label to be interpreted literally. This extreme label, however, reflects how the advocates really feel about the language of black children – that is, that these children do not have a complete language. In addition, the label implies that language differences have been equated with language inferiority.

For disadvantaged black children as such are not nonverbal. Some black children who are severely disadvantaged or even damaged may indeed be found to be nonverbal. Specifically, black children who are suffering from poor health, malnutrition, or emotional instability are restricted in their language development or their employment of language. Since there are, tragically, many severely disadvantaged black children, the nonverbal label applied to all disadvantaged black children may have resulted from an invalid generalization made on the basis of severely disadvantaged black children. The vast majority of disadvantaged black children, however, are not restricted in their language development or their language employment. They are normal in their facility to use nonstandard Negro dialect, the language of their primary cultural group. That they do not use standard English does not make them nonverbal.

The question, then, is, Why have black children been labeled nonverbal? As a "proof" of the nonverbal nature of disadvantaged black children, advocates of this point of view have postulated that the main reason black children are nonverbal is that their mothers do not talk to them, and when their mothers do talk to them, it is only in incomplete sentences or in sentences which are poorly constructed. But just because black mothers speak to their children in sentences that differ in construction from standard English sentences, it does not mean that these sentences are inferior to standard English sentences, that they stunt the language development of the children. It is probable that disadvantaged black mothers don't speak directly to their children as often as middle-class mothers do. This alone, however, is not enough to stunt the language development of black children. These children are raised in an environment that is more dense than the environment of middle-class children. Thus, they hear as much language and maybe more than middle-class children. Black children have a greater number of brothers and sisters and other children to talk with (because of the higher birth rate) than middle-class children. It is likely, then, that disadvantaged black children have as many language models to teach them language informally, as well as audiences on which to try out language, as middle-class children.

When disadvantaged black children come to school speaking the nonstandard Negro dialect, most seem to be as talkative as other children. By the time they get beyond the primary grades, they tend to be less talkative than other children, particularly when they must use language in a classroom activity. But when these older children are out of the classroom – in their homes, during play, or on the playground – they seem to talk as much as most children. These children, then, are nonverbal only in the classroom.

There are obvious reasons for this that educators would be aware of if only their attitudes toward nonstandard Negro dialect were not so negative. First, from the time black children enter school they are corrected in their speech. Continued correction has the effect of shutting off speech. (Why speak when whatever one says is incorrect?) Second, much of the discussion in classrooms is about issues and topics that have no relevance to the needs, interests, or backgrounds of disadvantaged black children. The higher the grade, the less relevant classroom topics are, and the more nonverbal these children seem to be when compared to middle-class children. Thus, black children are reluctant to take part in classroom discussions, and they are labeled "nonverbal."

Outside the classroom, however, black children exhibit linguistic behavior that can be labeled highly verbal. For example, young children create many jingles and poems to accompany such activities as playing games (jumping rope, hide-and-go-seek, Red Rover, kick-the-can) or bantering. Verbal bantering is a sport in the black subculture. Young black children learn this sport early from their elders, and they begin to participate in it at an early age. In essence, verbal bantering is the skillful and humorous use of language to "put another person down." Children who banter can hardly be labeled "nonverbal."

A very special kind of bantering in the black subculture is "playing the dozens." Playing the dozens is to talk about another person's mother (and other female relatives) in a derogatory manner. This can be done for humorous or insulting purposes (never for a "neutral" purpose). The object of playing the dozens is to use language cleverly to attain the desired effect (either humor or insult). Most black children, especially males, participate in playing the dozens, and it is highly verbal behavior.

Black children in the Chicago ghetto have invented a language they call "pimp talk." Pimp talk is the affixing of a nonsense syllable to certain syllables of words. Nonverbal children would not be able to invent and use such a language.

These examples of linguistic activity (word games, bantering, playing the dozens) illustrate that disadvantaged black children are capable of verbal behavior.

The fact is, then, disadvantaged black children are not nonverbal. They are verbally different, but this does not mean that they are verbally inferior to standard-English-speaking, middle-class children. When educators do label these children nonverbal, it sets off a chain of events that is called "prophecy fulfillment." That is, the children are labeled nonverbal, teacher expectation is low, and the children's performance conforms to teacher expectation. In other words, children tend to achieve at the level teachers expect them to achieve. When disadvantaged black children are labeled nonverbal and when instruction is based on other false assumptions, the children don't learn standard English.

3. *Assumption: Disadvantaged black children have "lazy lips and lazy tongues"; their language is "sloppy"; they attempt to "simplify" standard English; and they have "poor auditory discrimination skills."*

Another set of false assumptions pertains to *why* the nonstandard Negro dialect differs from standard English.

Even though disadvantaged black children have been labeled nonverbal, educators don't really mean it literally. Educators know these children use language, and they recognize that it is a different variety of English than standard English. Educators have postulated several reasons why disadvantaged black children speak the way they do: they have "lazy lips and lazy tongues"; their language is "sloppy"; they attempt to "simplify" standard English; and they have "poor auditory discrimination skills." All of these assumptions are false, and as long as educators act on the basis of these false assumptions, they cannot teach standard English to disadvantaged black children who speak the nonstandard Negro dialect.

The literature on the language of disadvantaged black children is full of assertions that these children have lazy lips and lazy tongues (in fairness, however, it must be pointed out that these assertions are less frequent recently). What this means is that black children are too lazy to manipulate their lips and tongues to reproduce standard English sounds and grammatical patterns.

The nonstandard Negro dialect is spoken by a great number of disadvantaged black children. Not all of these children could be suffering from laziness of lips and tongues. Laziness is a quality, a characteristic, which is distributed among a population in a normal distribution. In other words, laziness should be distributed according to a bell-shaped curve. There are too many black children who speak the nonstandard Negro dialect to conform to a normal distribution of laziness. This assertion is another false assumption about nonstandard Negro dialect. These children speak the way they do because nonstandard Negro dialect differs systematically from standard English.

The assumption that nonstandard Negro dialect is sloppy speech is consistent with the "lazy lips and lazy tongues" postulation. The label "sloppy" implies that the deviations from standard English (called "errors") are made individually. That is, the deviations from standard English have no general pattern – each child is unique in his sloppiness.

When one examines the deviations from standard English that are made by black children, one realizes that these deviations are *consistent* (which is another way of saying that these deviations are *systematic*). The deviations from standard English occur over and over in the same places, and they are not unique deviations – the children are consistent in their deviations. This is true for both phonological and grammatical deviations. For example, black children always pronounce the final voiceless */th/* as */f/* (in words like *month, path, both, south*), and they always omit the copula verb in the present progressive tense of the verb *to be* (I talking; she listening). Now, if these deviations occur in the same linguistic environments, it means that these deviations are systematic. Stated another way, nonstandard Negro dialect has a phonological and grammatical system different from standard English. This means that nonstandard Negro dialect is not sloppy.

Some people think that in order to talk the way many black people talk, all one has to do is "mess up the English language" (leave off a few inflectional endings, don't have subject-verb agreement) and pronounce the words lazily. This is false. In order to speak nonstandard Negro dialect, one must know its phonological and grammatical systems. In other words, one must know precisely what to do with certain phonological and grammatical features of standard English. Not many people are aware of this; consequently, few people outside the black subculture can speak the nonstandard Negro dialect correctly.

As long as educators continue to view the nonstandard Negro dialect as sloppy, they will not be able to see how nonstandard Negro dialect systematically interferes with the attempts of black children to learn standard English. Interference is a phenomenon in language learning that refers to one language interfering with another language. That is, when an individual attempts to learn another language, his native language imposes its phonology and grammar onto the language he is learning – the individual attempts to make the target language conform to the phonology and grammar of his native language. The same phenomenon occurs when a speaker of one dialect attempts to learn another dialect of the language. Black children do not learn standard English because educators do not take account of how their nonstandard Negro dialect systematically interferes with their attempts to learn standard English.

What educators must do, then, is to begin to take account of the interference when teaching standard English to black children who speak nonstandard Negro dialect. This cannot be done as long as educators view the language of these children as sloppy.

In taking account of interference, educators must borrow techniques from teaching English as a second language to speakers of other languages. Specifically, this means that educators must first identify where nonstandard Negro dialect systematically differs from standard English (points of interference). Then the children must be aware of these differences (without the usual accompanying stigma that is attached to the differences). Next, the children must be able to hear the differences between their nonstandard Negro dialect and standard English. Next, the children must be able to discriminate between the nonstandard Negro dialect feature and the standard English feature that are in interference. Finally, the children must reproduce the standard feature. Our current language instruction jumps from pointing out the difference between the nonstandard Negro dialect feature to reproducing the standard English feature, skipping over two vital steps: hearing the standard feature and discriminating between the standard and nonstandard features.

Second language teaching techniques are well developed for teaching English as a second language to speakers of other languages. Teachers of black children who speak the nonstandard Negro dialect can adapt these techniques to teach standard English to these children. This adaptation can take place, however, only if the systems – phonological and grammatical – of nonstandard Negro dialect are recognized. This can't be done if the false assumption that nonstandard Negro dialect is sloppy is held.

Failure to take account of the systematic nature of nonstandard Negro dialect has caused some educators to feel that black children and others who speak the nonstandard Negro dialect are attempting to "simplify" English. On the surface, the omitting of certain inflectional endings, the omitting of the copula verb in the present progressive tense of the verb *to be,* the assimilation of some phonemes, and the different pronunciation given to other phonemes when they occur in particular linguistic environments seem to be efforts to simplify standard English. When one is aware of the system of nonstandard Negro dialect, however, it becomes apparent that in some instances the nonstandard Negro dialect is simpler than standard English (for example, the omitting of the agreement morpheme in third person singular, present tense verbs). In other instances, the nonstandard Negro dialect is more complicated than standard English (for example, the conjugation of the verb *to be*). Thus, the nonstandard Negro dialect is neither simpler nore more complicated in the aggregate than standard English. The idea that blacks attempt to simplify English is just one more false assumption. It leads educators to add the "complexities" of standard English to the speech habits of disadvantaged black children without taking account of the systematic interference between nonstandard Negro dialect and standard English.

The last false assumption in the set of false assumptions to explain why disadvantaged black children speak the way they do and fail to learn standard English is that they have "poor auditory discrimination skills." What this means is that these children are unable to hear standard English sounds. The word "poor" implies some kind of physical impairment that prevents black children from hearing standard English sounds. It is true that these children don't hear some standard English sounds, but not for the reason implied. The reason that these children can't hear standard English sounds is due to the interference between nonstandard Negro dialect and standard English. For example, many black children are unable to hear the difference between *dough* and *door,* or *mouf* and *mouth*, or *heart* and *hard* because of phonological interference. Specifically, they can't hear the difference between *dough* and *door* because of the phenomenon in their nonstandard Negro dialect labeled "r-lessness" (the final sounds represented by the letter *r* are eliminated); they can't hear the difference between *mouf* and *mouth* because of the systematic changing of final voiceless /*th*/ to /*f*/ in their dialect; and they cannot hear the difference between *heart* and *hard* because of consonant elimination (speakers of nonstandard Negro dialect do not generally pronounce final /*b*/, /*d*/, /*g*/, /*k*/, /*p*/, /*t*/).

Disadvantaged black children who speak the nonstandard Negro dialect should not be treated as if their auditory discrimination skills are poor. This implies that there is something physiologically wrong with them. Instead, they should be treated as if their auditory discrimination skills are different. This means that they are not able to hear some standard English sounds because the phonological system of their nonstandard Negro dialect interferes with their ability to hear standard English sounds.

4. *Assumption: Standard English can be taught as a replacement for the nonstandard Negro dialect.*

So far, the false assumptions dealing with the nature of the linguistic behavior of disadvantaged black children and the reasons these children speak the way they do have been covered. The last false assumption that will be discussed here refers to the belief that standard English can be taught as a replacement for the nonstandard Negro dialect.

Schools have attempted to teach standard English to disadvantaged black children as a *replacement* dialect. In other words, schools have encouraged these children to discard their nonstandard Negro dialect and adopt standard English as their language. The schools have even demanded that this be done, because of the false assumption that nonstandard Negro dialect is an inferior language. The approach of teaching standard English to black children as a replacement dialect, of course, has been a complete failure. Educators should have known this, but they have been prevented from taking a rational approach to teaching black children standard English because of the false assumptions they have about nonstandard Negro dialect, and because they have not understood the relationship between language and culture.

The demand that black children replace nonstandard Negro dialect with standard English is an impossible demand, as long as black children must live and function in the disadvantaged black subculture.

First, language is an identity label. It forms a bond between the individual and those with whom he must live. Language tells the individual who he is and it also tells the individual the group to which he belongs. Thus, when the schools encourage black children to discard their nonstandard Negro dialect, the schools are really encouraging black children to discard part of their identity. If they adopt standard English, they cut themselves off from their primary cultural group. They cannot, of course, do this as long as they must continue to live and function in their primary cultural group.

Second, in encouraging black children to replace their nonstandard Negro dialect with standard English, the schools are asking black children to replace a *functional* language system with one that is *nonfunctional.* Nonstandard Negro dialect works in the disadvantaged black subculture. As it was pointed out above, nonstandard Negro dialect is generated out of the black cultural experience, and it meets the demands of living in that culture. There is a dynamic relationship between nonstandard Negro dialect and the disadvantaged black subculture, and standard English cannot take its place in this dynamic relationship. Thus, standard English cannot replace nonstandard Negro dialect.

Third, standard English – since it is not the language of the disadvantaged black subculture – cannot be reinforced in the disadvantaged black subculture. Without this reinforcement, black children can't be expected to learn it.

Educators must realize that people cannot discard the language of their culture as long as they must live in the culture. Therefore, instead of teaching standard English to black children as a *replacement* dialect, they should teach it to them as an *alternate* dialect. Standard English should be taught as an additional linguistic tool to be used in appropriate situations. The appropriate situations are whenever black children must function in the dominant culture. This raises the question: When do disadvantaged black children function in the dominant culture? Because of the racial and class segregated nature of our society, the answer is, very seldom, especially when these children are young. They must function in the dominant culture, however, when they are older – especially if they want a higher education or better vocational opportunities. This implies that standard English should be taught to black children at a much later stage in their education than it is now taught. In other words, it must be taught when black children have a recognized need to learn it. Then, it must be taught as an alternate dialect.

In conclusion, educators must completely change their assumptions about nonstandard Negro dialect and the linguistic behavior of disadvantaged black children if these children are to learn standard English. As long as educators hold onto these false assumptions discussed in this paper, educators can expect to continue their long and remarkable failure in teaching standard English to disadvantaged black children who speak nonstandard Negro dialect.

The Realities of Training Speech Therapists for the Minority Child

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Educators are not often able to resist the temptation of applying verbal clothing to various concepts and theories, particularly the cloak of labels, which often results in educational jargonese that is ambiguous, obscure, and confusing. Educational and sociological designations that attempt to categorize neatly and to pigeonhole problems and people are often accompanied by short-circuited thinking that the label symbolizes understanding or control of the problem, condition, or individual so designated. The major inherent danger of labeling persons is the overwhelming tendency to react to the label and not to the human being so labeled (or libeled).

Such labels as culturally deprived, culturally disadvantaged, culturally impoverished, culturally handicapped, culturally different, educationally retarded, educationally disadvantaged, educationally disoriented, socially handicapped, experience-poor, and so forth are offensive (including the pseudo-complimentary terms) because they describe the aspects of the heritage and the culture of minority groups inaccurately, and in general are demeaning and insulting to minority populations. As one young black college student said, "Whitey calls us culturally deprived because we don't talk like him or dig the same music or food – really, he calls us culturally deprived because we ain't white! Are you hip to that?"[1]

Kenneth Clark, professor of psychology and author of *Dark Ghetto*, states, "The recent rash of cultural deprivation theories . . . should be subjected to intensive scrutiny to see whether they do, in fact, account for the pervasive academic retardation of Negro children."[2] He goes on to say:

> To what extent are the contemporary social deprivation theories merely substituting notions of environmental immutability and fatalism for earlier notions of biologically determined educational unmodifiability? To what extent do these theories obscure more basic reasons for the educational

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[1] William J. Younie, *Instructional Approaches to Slow Learning*. New York: Teachers College Press, Columbia University, 1967, p. 13.

[2] Kenneth B. Clark, *Dark Ghetto*. New York: Harper & Row Pubs., 1965, p. 130.

> retardation of lower-status children? To what extent do they offer acceptable and desired alibis for the educational default: the fact that these children, by and large, do not learn because those who are charged with the responsibility of teaching them do not believe that they can learn, do not expect that they can learn, and do not act toward them in ways which help them to learn.[3]

The assumption of inferiority, whether racial or cultural, whether or not euphemistically labeled, has identical practical educational consequences and might well be the major controlling factor which restricts the alleged educational experience for both teacher and student.[4]

Speech therapists and other specialists who are attempting to educate and reeducate minority children must recognize that they, too, are part of the caste system of this nation which perpetuates the condition of a powerless colonial status for black and brown peoples; that they, too, are part of the establishment of this nation that maintains and fosters white racist attitudes, policies, and practices.

To what extent do you, as the speech specialist, permit the pigmentation of skin, or neighborhood address, or Spanish surname of the minority child to influence the assessment of the adequacy of the child's speech and language pattern?

How often does your diagnosis of cultural deprivation assume a correlation among the factors of skin color, IQ level, phonemic system, and linguistic behavior?

Is your approach possibly condescending, so that the minority child recognizes your rejection and discomfort, and in turn feels humiliation, unworthiness, and hostility?

Is your approach dishonest from the very outset because you do not expect the child with "cultural shortcomings" to put forth great effort or initiative, to perform well, or even achieve average success?

Do you unconsciously apply double standards that excuse poor work because the child is poor and black?

Are you aware of the circular reasoning that restricts the behavior of the child tagged as "culturally deficient" and traps the therapist in the cycle of oversimplying lessons with preconceived low objectives to meet predetermined needs and deficits?

Do your beliefs concerning middle-class standards of speech inhibit full appreciation and respect for the minority child's linguistic system that ultimately denigrates the minority child's social dialect?

Or is your attitude one of genuine concern and interest – not because the minority child is poor, or darkskinned, or speaks a foreign language, but because he is respected as a human being?

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[3] *Ibid.*, p. 131.

[4] *Ibid.* p. 147.

The foregoing questions are an attempt to focus on some of the hard realities of the problems of middle-class-oriented specialists who cannot or will not face their prejudices toward racial and ethnic minorities, who think and act in terms of stereotypes, who contribute to the general academic inferiority of minority students, and who intensify class rigidities and the injustices of racism.

"*Webster's Third New International Dictionary* . . . represents the normal production of English as it is spoken by cultured persons in each major section of the country – the language of the well-bred ease, culturally determined."[5] By definition, this is most certainly not a description of the speech pattern used by the vast majority of poor black Americans, Puerto Ricans, Mexican Americans, or poor whites. The above definition of standard English is not at all uncommon; in fact, it is a typical paragraph found in many college voice and diction textbooks. Many speech specialists trained in the "triple standards" of American English show marked intolerance for certain dialectal variations and are all too willing to ascribe subjective value judgments to them – to regional dialect differences as well as to cultural language differences.

As long as most people accept or reject other people on the basis of the way they look or their manner of speech, rather than on the basis of actual ideas expressed or past and present actions and accomplishments, then feelings of distrust, fear, and disdain for those who use different languages and language styles will persist. Unfortunately, pygmalion linguistic concepts are being perpetuated by some speech therapists and speech improvement teachers – professionals who should have learned to limit their ethnocentrisms and who should have replaced their subjective reactions with up-to-date objective information regarding linguistic systems.

Webster's dated definition and other similar statements can only help to continue the practice of teaching students to look down on forms of speech that differ from their own as well as to downgrade the individuals who speak these different dialects, especially those individuals who have been systematically excluded from the mainstream of the American "good" life.

Along with the recent trend to undo some of the crippling damage generated by such culture-based or prestige definitions, attention has been focused on educating English and speech specialists to the sociolinguistic factors of nonstandard forms of communication. The fact that many of these different dialects have systematic, coherent, and logical structure is being emphasized. But virtually ignored, in this program of enlightenment, is the possible response of the minority student, particularly the black student, to requests that he adopt an additional pattern of speech that supposedly will help to open doors to employment opportunities and acceptance in the outer business and social worlds. Speech therapists should be fully apprised that such requests, in a period of affirmative pride in racial and cultural heritage, are very likely to be emphatically rejected by many young black students.

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[5] Jon Eisenson, *The Improvement of Voice and Diction.* New York: Macmillan Co., 1965, p. 159.

Attention must be focused on the tremendously powerful desires of black Americans to firmly establish identities that they believe are essential to their survival in the black world as well as in the white world – identities as *black men* and *black women*. The speech therapist's tactfully stated and well-meaning objective to add a standard dialectal form of communication may be interpreted by the student and his parent as a racist trick to "bleach" their language of its "soul." ("If you want to make it in the white man's world, you've got to learn to talk like whitey and we ain't gonna do it!") Modifying social dialects to accommodate different audiences is to many black people a form of schizophrenic gamesmanship. Requests to remediate language habits must take into account the strong feelings of some black Americans that their cultural speech patterns are a means of (1) establishing black identities; (2) maintaining ties to the patois of African-slavery periods; (3) demonstrating hostility for the white establishment; and (4) serving as a wall of defense and security. The new identity has inner responses of pride, dignity, and assurance and is shown to the world, in part, by African dress, natural African hair styles, and unembarrassed use of black patois. Certainly, black Americans are not at all anxious to see patterns of their lives negated for the sake of adherence to white America's goals and values. They are not particularly concerned with measuring themselves according to "white" yardsticks.

Recognition must also be given to many other black Americans who, while proud of their black cultural heritage, are also concerned with escaping the walls of the ghetto and erasing the effects of generations of neglectful and lackadaisical teaching. They are deeply resentful of the many teachers who have failed to teach oral and written English effectively to millions of black children. Assuming that their dignity, culture, and potential are not obscured or offended, these black Americans want to acquire an additional instrument and weapon of a standard communication pattern that they hope will enable them to obtain a measure of the affluence and power of this nation.

In all ethnic and racial communities, there are varied ideas and opinions as to the best methods and practices to achieve certain goals and objectives. Hence, there is a desperate need to acquaint speech specialists with the concerns of the individual student in minority communities. Far too often the minority students' needs, as they view them, have been patronizingly minimized or not even considered. One black child may be interested and motivated to remediate a so-called functional or voice problem that is commonly heard in his community, and another black child may protest that his speech pattern does not interfere with communicating to those persons he is most interested in establishing and maintaining relationships with – other black people.

Much time is devoted to training speech therapists to recognize and appreciate the multiplicity of the problems of various groups of speech defective children. Much time is devoted to consideration of the individual needs of each case. Never was there a greater need for thorough insight and understanding of the concomitant factors that often accompany communication problems of some minority children. There must be a rapid development of college courses for future and present speech and hearing professions (perhaps in coordination with various college and university ethnic studies programs) that will focus attention on the interests and needs of the ghetto child, his aspirations, his motivations, and appropriate methods of stimulating him to learn. It is most dangerous and very unwise to attempt to deal with cultural language differences in a vacuum, without the proper background material and framework of the influencing psychological forces and social dynamics of minority communities. Certainly, the speech professional must attempt to comprehend the social schizophrenic dilemmas of a minority person trying to survive, and sometimes succeeding, in a world of, for, and by the majority.

As the speech specialist truly begins to know and learn about minority children – and more important, begins to know and learn about himself – he will begin to fully understand why euphemistically derogatory labels have been applied to these children, and, it is hoped, why he may not need to apply them in the future.

The Role of the Speech Professional in Dealing with the Problems of Negro Dialect Speakers

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Introduction

The failure of minority group individuals to "make it" in the educational system in our country had become a major crisis by the early 1960s. The schools were not producing literate children from disadvantaged populations who could be assimilated into the mainstream culture and who could compete in an economic system that was highly technological and required skilled workers.

The most general response to this failure of the school system to educate black children and children from other disadvantaged minority groups was to exonerate the educational institutions and to place the blame for the children's failure in the home. Most especially, blame was placed on the alleged early childhood deprivations which these children suffered and which then supposedly left most of them unable to benefit from the educational opportunities that society offered.

As a result of this concept, early childhood intervention programs attempted to reach the child at those periods that were felt to be "critical" to his further intellectual development. The presumption was that the school system per se was too difficult to change, and that all that these children really needed was an early intervention program to enable them to compete successfully in the traditional school setting. However, these intervention programs have not yielded the kind of success originally hoped for (Schaefer, 1969; Caldwell, 1967; Gordon, 1969; The Westinghouse Report, 1969). Disadvantaged black children still fail miserably in our schools. Although disadvantaged children do initially gain in IQ in intervention programs, the gain is not sustained, and children who have not had the benefit of the Head Start program usually "catch up" once they have an initial contact with an educational establishment. The initial spurt in IQ then seems to be more an artifact of the immediate contact with a formal educational setting than the permanent effect of controlled intervention at a critical point in a child's intellectual development. Thus, while many educators feel that early childhood education is important, they do not feel that it is in itself an answer to the present crisis in American education. These educators are shifting their focus to a thoughtful examination of the formal educational establishment; i.e., the school system, to determine what changes it must undergo if minority group children are to achieve. The prevailing feeling is that Head Start programs cannot be accepted as a sufficient corrective to the inadequacy of the school in educating such children. The school system itself must be radicalized and changes in educational procedures made accordingly.

Along with the shift in emphasis to the school itself has come a shift in definition of the children the school is trying to educate. Although Negro children still fail miserably in the school setting, they are no longer perceived as inherently unable to learn. Indeed, even the claim that they suffer from environmentally induced pathologies is being challenged (Baratz and Baratz, 1969). As a result, the school system is being charged with failure to educate *educable* but culturally different children.

What is the nature of the failure of the school system? This failure of the school system to educate these children is reflected in the poor achievement of black children, as well as children from other culturally and linguistically different subcommunities, on standardized tests of reading and language proficiency in standard English – the *lingua franca* of the mainstream culture and most assuredly of the economic system in this country. The failure in the language arts curriculum is what the crisis in education is all about. Discussions in education circles about curricula that "change attitudes," that "teach humanity," that "strengthen moral values" are all well and good, but such discussions are luxuries in the face of the failure of children to acquire basic reading and writing skills. Indeed, the current discussions about the alienation of our youth and the emptiness of curricula for them assume that such children have already learned to read and write. The *one universal* of all discussion concerning educational goals appears to be literacy and the ability to write and speak in the national tongue. This is the goal that has not been met for black children across the nation, and this is the crisis now facing American education.

A renewed interest has developed in examining the language arts curriculum and the role of the language arts teacher in the education of disadvantaged, culturally different children because of the shift in focus by educators from concern with the child's early environment to concern with the educational institution. Current language arts programs are inadequate to meet the needs of disadvantaged, Negro nonstandard-speaking black children. The question then is raised as to who in the school system is equipped to meet the current demands. It is the thesis of this paper that at the present time, no professional – no speech, reading, language arts, or foreign language teacher or psychologist – is prepared to do the job. However, it is also the thesis of this paper that speech personnel can take an important part in developing trained staff to meet the needs of the culturally different children that are flooding our schools and failing in them.

Oral Language and the Language Arts Curriculum

Oral language is the keystone upon which the language arts curricula are built. The difficulty presently facing us is that the oral language that was used to construct existing programs is that of standard English. Such programs do not teach standard English as such, they merely exploit the children's existing knowledge of that language. So children learn to read and write in a language they already know. They learn "English," which really means they acquire formal information about things they already know – they discover, for example, that they speak in "nouns and verbs." They of course also learn a host of "myths" about their language behavior – that they speak in "whole sentences" and they "pronounce all the sounds in words" (*west side* for *wesside*). They are also instructed in stylistic niceties. Indeed, the fact that such language arts curricula assume that the children speak the language to be taught is no doubt the reason why such curricula fail with Negro nonstandard speakers. For the first time, the language arts personnel are actually faced with the problem of having to *teach* English. They must revise their entire curriculum so that they may teach standard English to these children. In addition, they must also revise the language arts curricula devoted to reading and writing to consider the nonstandard language that these black children use and its interference in their efforts to acquire additional skills in literacy and writing in standard English.

Before proceeding with implications of how the speech professional can play a major role in this curriculum revision and in the training of professionals to educate culturally different children, let me briefly review the literature concerning the language skills of Negro children and the role of language interference in performance on school achievement measures.

As I have indicated elsewhere (Baratz, 1968), the language of disadvantaged Negro children has historically been viewed as (1) true verbal destitution; (2) language underdevelopment; or (3) full but nonstandard language development.

The studies that indicated true verbal destitution (Newton, 1965; Hurst, 1965; Raph, 1965; Golden, 1960) and language underdevelopment (Deutsch, 1963; Bereiter, 1965; Green, 1964) can best be understood in terms of problems with methodology. First, there was a tendency to confuse development of standard English with development of language. That is, any child who was not learning standard English was a priori deemed to be linguistically incompetent (unfortunately such examples of social science ethnocentrism are all too common in studies dealing with the Afro-American). In addition to the tendency of researchers to equate language development with the development of standard English, the material used to elicit the data, the experimental settings, and the interaction with the experimenter are all experiences that are much more familiar to the middle class child than to the lower class child, who does not usually have commerce with picture books, nursery school rooms, and white or Negro adults who are eager to hang on his every word.

The language underdevelopment thesis, which received a boost from the writings of Basil Bernstein, tended to focus more on function than on grammatical form, but in the end result (Hess, Shipman, and Jackson, 1965) it used superficial stylistic categories to assign function. In fact, the notion that some languages can be used more adequately for thought than others is an old tradition, one that violates a basic assumption of linguistic anthropology that one can think in any language. Since Muller (1859) wrote the *History of Ancient Sanskrit Literature,* the racist contention has been that languages (and their cognitive components) can be hierarchically ordered. Muller himself offered German as the best language for conceptualization, but it will not surprise anyone to learn that at various times and according to various writers, the "best" language has been the language of the particular person doing the thinking on the matter. Linguists have yet to find a language that could not be used for thinking!

The linguistic destitution and underdevelopment notions which have been given a great deal of space in both the professional journals and the popular press derive mainly from the educational and psychological literature of the disadvantaged black child. Both these disciplines are extremely naive in terms of their understanding of language and language variation (dialects).

Although linguists have been arguing for years concerning the history and the structure of Negro dialect, none have ever considered the Negro speech community to be deficient and underdeveloped. What is more, the folklorists have long recognized that the Afro-American, unlike residents in many Amerindian societies, lives in a highly verbal community (Hannerz, 1969; Abrahams, 1964; Brown, 1965).

Research on the language of Negroes in disadvantaged communities has revealed that many Afro-Americans speak a dialect that is distinct from standard English and from other nonstandard dialects in grammar, pronunciation, intonation, and vocabulary. This dialect has been called Negro nonstandard or black English by linguists who have described the grammar. Many features found in this dialect are present in other languages. What makes the system unique is not the presence or absence of a particular feature but the distribution and composition of all the features that make up the grammar. For example, black English has a zero copula as in *She nice;* Russian also has a zero copula. Black English uses the double negative (*She don't got none*), as does French (*Elle n'a rien*). (Many nonstandard English dialects use the double negative but only black English does so with adjectives: white nonstandard, *He ain't rich;* black English, *He ain't no rich.*) Black English does not inflect the third person singular (*She walk around the block*). Neither, for that matter, does Chinese. Black English does not always distinguish between subject and object pronouns (*Her like to dance*); the same is true for Chinese. Black English, like Russian, makes a grammatical distinction between the immediate (*He working*) and the habituative (*He be working*) (Stewart, 1964). This distinction is not made in standard English, where *He is working* is ambiguous and can mean either short- or long-term action. Like French, black English has the existential "there is" (*I'ss some books on the table*). The French equivalent is *voila.* This is a small sampling of features which occur in Negro nonstandard but not in standard English. (For more material see Stewart, 1969; Dillard, 1967; Baratz, 1969; Wolfram, 1969.)

Although there tend to be regional variations in pronunciation of black English (e.g., Detroit uses /*d*/ as in "bruddah" whereas Washington, D.C., uses /*v*/ as in "bruvvah"), the grammatical remains essentially the same in both places (*Michael, he my bruvvah*).

The growing recognition of a Negro dialect in this country and a new appreciation of the linguistic competence of black children does not, however, in itself ensure success for the black child in public school. The educational establishment must not only (1) recognize that the child has a well developed system but one different from the standard English of the public schools and (2) teach standard English as a second dialect, but also (3) recognize the interference from the Negro nonstandard that is present in the child's attempts to read and write in standard English.

Language Interference

Over and over studies have indicated that the use of the vernacular is most effective in teaching children to read a language not their native tongue (Modiano, 1968). First, one must teach the child to read (to use the language he speaks) and then later teach him to translate (to read a language that is not his native system). Familiarity with the language to be read has long been recognized as important in initial reading materials. Indeed, even the "controlled vocabularies" and the "Dick and Jane" type primer is an attempt (inaccurate at that) to modify initial readers to fit the language of children. The language arts curricula dealing with initial reading materials and procedures for Negro nonstandard speakers must take the child's language into consideration if Negro children are to perform as well as white children on standardized reading tests.

The educational literature on written skills of Negro children shows further how black English interferes with performance in standard English. The children's "mistakes" are not random errors but occur precisely at those points where standard English and Negro nonstandard English diverge. Thus, teachers make lists saying that their students overuse *be* and *do* (be takes do in the interrogative *He be working? – Do he be working?),* double negatives, failure to mark the third person, failure to mark the plural, failure to use auxiliary verbs, failure to mark the possessive, use of double subject, failure to mark the past, and so forth. Again, language arts curricula to teach written skills in standard English must recognize and focus on those areas in standard and nonstandard English where different forms occur. Only then will the teacher's corrections take on meaning rather than appearing to the child, as they do now, as capricious whims on the part of the teacher.

Interference from black English on standard English is most evident in oral language performance – the area of the language arts curriculum in which speech personnel have predominantly, but not exclusively, worked. In an experiment with third and fourth grade inner city black children, I demonstrated that knowledge of one system (standard or black English) will invariably lead to interference in attempting to regenerate sentences in another system (black English or standard English). The children in this study were asked to regenerate sentences in both standard and black English. The city children were predominantly black English speakers whereas the suburban children were all monodialectal standard English speakers. When asked to repeat the standard English utterance, "I asked Tom if he wanted to go to the picture at the Howard," 97 percent of the black children responded with "I aks Tom did he wanna go to the picture at the Howard." In response to "Does Deborah like to play with the girl that sits next to her in school?" 60 percent of the black children responded, "Do Debrah like to play with the girl what sit next to her in school?" On the other hand, when white suburban children were asked to regenerate the black English sentence, "I aks Tom do he wanna go to the picture that be playin' at the Howard," 78 percent said, "I ask Tom if he wanted to go to the picture that was playing at the Howard." When asked to repeat, "Do Debrah like to play wif the girl that sit next to her at school?" 68 percent of the white suburbanites responded with "Does Deborah like to play with the girl that sits next to her at school?" (Baratz, 1969). From the above example it is once again clear that any attempt to teach standard English to speakers of another system must take into account the other system in the process.

We have illustrated the existence of Negro nonstandard and the role of language interference from that system on attempts to produce standard English. It is now necessary to determine the role of the speech professional in "radicalizing" the school curriculum so that the nonstandard is recognized and used in the process of teaching skills in reading, writing, and speaking standard English. The radicalizing is in the process, not in the goals, of education for black children who speak a nonstandard dialect. Again, I cannot overemphasize the relationship of oral language skill to reading and writing skills. It is on the basis of this relationship that I feel the speech professional has an obligation to take the lead in modifying educational procedures for Negro nonstandard speakers so that they can ultimately achieve on standardized tests.

In understanding and meeting the needs of black children, the speech professional will have to deal not only with the traditional language arts establishment but also, even closer to home, with the "speech improvement personnel" within the profession itself.

The "speech improvement program" provides a neat justification and tradition within the speech education profession for dealing with children who are not technically (in the classic definitions of speech pathology) pathological. Nonetheless, the speech improvement programs do erroneously view social, regional, and ethnic dialects as deficiencies, and speech improvement programs are framed to remediate such patterns, rather than to teach a second dialect. The goal of speech improvement, then, has been to eradicate and to replace a stigmatizing form rather than simply to teach an additional system. The failure of children in such programs to acquire standard English is in itself ample testimony to the ineffectiveness of eradication and replacement procedures.

The Traditional Role of the Speech Educator in the Public Schools.

The role of the speech clinician was clearly defined in an American Speech and Hearing Association statement (*Asha,* June, 1964) as that of helping children with "significantly handicapping disorders in language and/or speech." Aberrant speech characteristics, that is, the use of speech patterns that were not typical of what may loosely be called standard English speech, were considered handicapping disorders. There were two categories into which aberrant speech fell: (1) speech difficulties which were described as pathological due to physical or psychological reasons; and (2) speech difficulties which were described as pathological (marked by poor articulation or faulty quality) due to social reasons. In the first category it was presumed that the child had not developed an adequate speech and language system and that he was therefore handicapped in communication. In the second category the speech characteristics are considered aberrant not because they are errors but rather because they are not socially prestigious forms. It is agreed that these children do not have communication problems within their community.

The traditional role of the speech teacher, then, was to concern herself primarily with the children whose speech problems fell in the first category, for these were the children whom she was trained to treat. These children (3 percent of the school population) received speech therapy. The children whose language was considered aberrant from a social viewpoint were not given speech therapy, but rather were assigned to an "intervention type" program labelled "speech improvement." (Since similar social groups attend the same school, from 60 to 90 percent of the children may be candidates for speech improvement.)

The term *speech improvement,* of course, has its origins in elocution, a discipline that the speech therapist has been trying to run away from, claiming that, after all, speech therapy is a science. In addition, even the speech arts people are running away from the concept of elocution, claiming it is a distortion of the basic principles of rhetoric and the speech arts.

Neither elocution nor speech improvement have a place in a profession that claims to understand and deal with speech and language. Speech improvement violates a basic assumption of linguistics in that it assumes that there are levels of correctness of language and that some varieties of a language are inherently more grammatical than others. Linguists posit that every language and every dialect of a language (standard English simply being one dialect of English) has rules and a highly structured grammar system. For example, as we discussed earlier, rules for negation (which every variety of every language has) in standard English do not allow for the "double negative"; whereas rules for negation in Negro nonstandard require the double negative in order to generate a grammatical sentence. The double negative is not, as a grammatical form, any less abstract or structured than is the simple negative.

If speech improvement is a faulty concept that the more enlightened and linguistically sophisticated speech people are trying to rid the profession of, what, then, is the role of the speech professional in dealing with children who speak a dialect of English which is different from standard English? Whether these children are black inner city children who speak Negro nonstandard or white Appalachians who speak mountain dialect or Puerto Rican children who speak a combination of black English with Spanish interference, the speech therapist's job is not to do speech improvement but rather to teach standard English as a second language. In addition to teaching English as a second language, she must also work in the area of reading and writing skills in standard English since they are so closely related to oral language skill.

The speech professional who is concerned with dealing with the problems of Negro dialect speakers will, then, be a vastly "different animal" from the school speech pathologist. This speech professional will not be working in small groups with 3 percent of the school population, but with whole classes of children. She will not only come into the classroom to teach standard English (as the French teacher comes in to teach French) but she will advise and direct teachers in the development and application of reading and writing programs that teach standard English skills through capitalizing on the child's existing knowledge of black English. I am not suggesting, however, that this new professional replace the existing speech therapist – not, indeed, that 3 percent of the school population who have speech pathologies in the classic sense must be serviced. I am, however, saying that in many school areas, 60 to 90 percent of the children need special services – special services presently not offered in the school system. Therefore, an additional speech professional must be created.

I said earlier that presently there are no trained professionals to do the job. Good intentions and a desire to teach these children are not enough – competence is required. The failure of these children today is not so much a product of malevolence (the "let's keep the black man stupid" mentality) as it is a reflection of education's ignorance of dealing with the vital language issues involved. The major function, then, of the speech profession at this time is to create training centers to produce the new speech professional, as well as to provide administrative support to assure positions for her once she is trained.

This newly trained professional need not come solely from the ranks of speech pathologists. Some English teachers, despite their previous training towards conceptualizing standard English as right and "God given" and all other dialects as wrong and bad, take an interest in the issue of training Negro nonstandard speakers. Some speech teachers, despite their previous tradition of looking at deviance from standard language as pathology, have begun to express concern over helping black children learn to speak standard English. Some foreign language teachers with backgrounds in comparative linguistics have also become interested in dealing with the problem of second language learning as it applies to black children learning to speak standard English. It is my feeling that from this cadre of interested individuals, with their varied backgrounds, a specialist can emerge who will be effective in coping with the language problems of ghetto youngsters. Such an interested person, however, must be trained. High motivation and a dedicated soul are not substitutes for competence when it comes to teaching children.

One of the first issues to be dealt with concerning the teacher is the question, should she be black if she wishes to teach black children.

Many black nationalists have been insisting that the teachers of black children be black. What these same nationalists have scrupulously avoided discussing is the fact that many middle class Negroes (from which, of course, the majority of black teachers would be drawn) are as anti-ghetto black as the white teachers. They share the white teacher's ignorance and prejudice toward the black child and his language (see Hurst, 1965, or Green, 1964). They are careful to proclaim that they never spoke dialect, as if admitting the dialect would be admitting their own blackness (see Mitchell, 1969). They, too, buy all the current dogma and mythology concerning the child's home life and its consequent effect on his learning. A black teacher may surely be helpful to these children in terms of the teacher's own experience of being black, but that in itself does not provide any assurance that the child will learn simply because the teacher is the same color as he (surely the failure of the black school system is a testament in part to that fact). To love food does not by definition make one a good cook. Just as high motivation and good intent are not enough, black skin per se does not ensure effective teaching of black children. Competence, which is colorless, is a necessary ingredient for success.

What the Teacher Needs to Know

But what is that competence? What does the teacher of black children have to know? How is she to be trained?

First, a teacher who wishes to work with language and speech programs for black children must receive training concerning language. She must equip herself with answers to the questions: What is language? What are dialects? How do social factors influence language and language learning? What are the functions of a language? What is the relationship of spoken language to written language and reading?

Second, she needs specific training to learn the child's vernacular, to know what his language is like. More specifically, she should learn the dialect. In the process of learning the dialect, I believe that the teacher will develop a greater respect for what it is she is asking of her children and what the difficulties are in learning another system, especially one which in many ways is superficially comparable to standard English, the dialect that she speaks. In addition, in learning the nonstandard dialect, the teacher will understand that one can learn another dialect of English without "changing" or improving" the dialect that one already speaks.

Those teachers who already know the dialect will also need some of this training so that they can reorient their notion about it and can specify the areas where interference from the dialect will affect performance in standard English. Thus, they will be able to anticipate problems as well as prepare lessons for teaching standard English.

Teachers will also have to learn something of foreign language teaching techniques. This will aid them in preparing materials for presentation to children. The differences between second language and second dialect learning must be explicated. Some of the evaluation procedures of speech therapy (with specific adaptations in reference to dialect speakers) will also be helpful for the teacher to assess her effectiveness and the children's progress. The training of these teachers must also include discussions of the language arts curriculum so that they can apply their new knowledge to making changes in materials and presentations that will aid in teaching reading and writing skills.

Last, these specialists must be familiar with the ghetto culture in addition to its distinctive language patterns. In talking about familiarity with ghetto culture, one must be careful not to confuse normative behavior, emphasized in psychological and sociological data, for ethnological fact. For example, the sociological fact that there is quite often no "man in the house" (defined in the middle class legal-religious sense) does not give us much information concerning what a ghetto family really is like. Perhaps the best example of confusing psychological data (interpreted on the basis of false premises) for reality is the history of the professional conceptualization of the ghetto child's linguistic competence. Since most people take the psychological data on face value (after all, it is dressed up in sophisticated research designs) they presume that ghetto black children are verbally destitute and are truly amazed when they discover that verbal ability is highly regarded in the ghetto; ability to "sound" is important and the man of words is given considerable status by his compatriots. Black children in elementary school are busy becoming proficient in the various toasts and in "playing the dozens" (Abrahams, 1964), even if they are all but mute when it comes to dealing with standard English situations in the classroom. The teacher must be aware of the different learning styles of ghetto youth and how they may affect the way material should be presented. All this is necessary training for her to be able to teach standard English skills to black-English-speaking children.

A word of caution, however, must be inserted here. Teaching English as a second language is in itself no panacea. Indeed, there has been a tendency for educators to sieze upon the popularity of that concept, adopt all the second language teaching professional jargon, and produce "pseudo" second language teaching programs. A prototype of such a pseudo program is Ruth Golden's *Improving Patterns of Language Usage.* Although Mrs. Golden asserts that Negroes in low socioeconomic classes use nonstandard language patterns, she goes on to say that these patterns are "antiquated and awkward in structure." Further, she indicates that Negro nonstandard English is inferior since "the level of language [Negro nonstandard English] which has served very well for their parents is inadequate for them [Negro students]." Despite the fact that she says the language patterns of Negro students ought not be solely those of the Negro community (implying more than one system) she actually feels that they should be solely standard English speakers, as evidenced by her disappointment that ". . . many students who can speak well in class are not sufficiently motivated to continue in an acceptable informal pattern, but often revert to substandard as soon as they leave the classroom." Her misinterpretation of the students' appropriate use of two language systems (standard English for the classroom and Negro nonstandard English for the peer group) as "insufficient motivation for using standard English" clearly indicates that her program is one of eradication of old patterns (euphemism for errors) and replacement with acceptable patterns (euphemism for standard English). Such programs are all too frequent in the curricula for the disadvantaged. They are not teaching standard English as a second language.

Another Caution Concerning a Second Language Learning Approach

Teaching foreign languages has not met with notable success in the United States. Perhaps not more than 10 percent of the children exposed to foreign languages in the school ever become truly proficient in them. It hasn't mattered. Taking a foreign language is part of the traditional academic program. Learning the system is not essential. One doesn't need French, Spanish, Swahili, or German to function adequately in the United States mainstream. Standard English, however, is essential. Our second language teaching, then, must be improved so that we are successful not just with a few but with the great majority of the children who speak a nonstandard Negro dialect.

In conclusion, then, the primary role of the speech profession in dealing with the problems of Negro dialect speakers is that of acting as catalyst for interested teachers of speech, English language arts, and the like to become specifically trained to handle the unique problems involved in teaching English as a second language system to black English speakers.

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Implications for Language Programs in California Schools

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We have a mandate as professional personnel in California to set standards as well as to give substantial support to programs for *all* children in the public schools, including those individuals with language disorders. This mandate encompasses providing the best possible programs for each child. It also includes giving the speech and hearing specialist the necessary assurance and confidence he needs to assist in the eradication of a language disorder.

The speech and hearing specialist has a vital role in eradicating a disorder in the child's language development. Language, an abstraction from behavior, is a double system – one of content or meanings, and, at the same time, one of expression or signs. Language is of overwhelming significance in the child's world of communication.

In our efforts to improve children's communication, I am most emphatically not recommending that we, individually or collectively as speech and hearing personnel, attempt to find all of the answers to problems of implementing a language program for children with language disorders. But I do believe we have important knowledge and insight, and it must be heard and applied to school programs. And I believe we as speech pathologists, therapists, or specialists are probably more uniquely qualified to provide such a program than any of our colleagues in other disciplines in the schools. But at the same time, we must not forget it is critical and important that we provide our services by working with and relying on our colleagues in other disciplines; e.g., linguists, sociologists, psychologists, and teachers. How can this be done? we ask. And what are some suggested ground rules we might apply as speech and hearing specialists in California's schools?

First, before suggesting ground rules or direction for programs, I want to say that we need *courage* to choose alternatives which may call for tidal waves of change. But why am I implying we even need to contemplate change? Perhaps a new breed of educational critic like Harold Sobel sums it up rather succinctly. He writes: "At present, in most states, for 10 to 13 years every young person is obliged to sit the better part of his day in a room almost always too crowded, facing front, doing lessons predetermined by a distant administration . . . that have no relation to his own intellectual, social, or animal interests. . . . The overcrowding precludes individuality or spontaneity, reduces the young to ciphers and the teacher to a martinet."[1] And to quote another constructive critic of public education, Harold Howe II, then U.S. Commissioner of Education, "The story of survival is the story of creatures who adapted to changes in their environment." Perhaps survival for us as speech and hearing specialists in the schools is based on well-thought-through changes in our practices – particularly practices in the area of language training for the child with a language disorder. Not only is the linguistic scene in our culture changing, but we hope we are becoming more aware of these changes.

I do appeal to you: Please scrutinize old cliches, question stereotyped practices, and seek ways of assisting the individual child in communicating at levels which augment the values placed on individual human dignity and self-identity. Or as Joel Stark wrote in a recent issue of *The Speech Teacher,* "We hear about mentally retarded children, but we do not take into account the various kinds of retarded children. We speak of the aphasic child as if all aphasic children are alike. The dynamics of the language-disordered child are special to *that* child, and each presents a pattern of strengths and weaknesses which needs to be studied and utilized, not for the mere labeling but for incorporating suggestions and techniques for this child's management."[2]

Objectives

So what should be accomplished in the schools in programming or managing the language-impaired child? I would like to suggest six objectives for implementing programs for language-handicapped children in California schools:

1. Define "language handicaps" or "language disorders" in children. This (or these) definitions should clearly delineate language disorders from normal language development. We at the State Department of Education are currently proposing legislation to delete the statutory category of "the aphasic" and to substitute "the language handicapped" as a category in special education provisions

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[1] Harold W. Sobel, "The Anachronistic Practices of American Education as Perpetrated by an Unenlightened Citizenry and Misguided Pedagogues Against the Inmates of the Public Schools," *Phi Delta Kappan,* LI (October, 1969), 94-96.

[2] Joel Stark, "The Dynamics of the Differential Diagnosis of Language Impaired Children," *The Speech Teacher,* XIII (November, 1964), 310-12.

in the Education Code. This is an effort to provide for children with severe communicative disorders not provided for in other special education programs. This proposal broadens the scope of the language-impaired child beyond that of the aphasic, but not excluding the aphasic, child. We (including you) as professional people need to delineate our working definitions of language disorders beyond any one narrow etiological concept, so all children not currently receiving the help they need will receive it as an integral (legal) part of their school education.

2. My second suggested objective for programs for the language-impaired child is to determine the most appropriate school environment for his placement. Should it be a remedial program, a special day class program, a regular class program, or placement in another special education setting? If the child is to be "integrated" from one of these settings to another, what determines the making of such a change? I am suggesting that perhaps we need not only to condone, but to create and encourage under certain circumstances a special day class for children with severe communicative (language) disorders. What do you think?

3. My third objective is to formulate specific goals and procedures – curricula, if you prefer to use this label – for educating the child with a language disorder. Obviously, we should broaden the curricula beyond "speech" per se. We should emphasize the essential ingredients of communication from one individual to another and we should include the ingredients which contribute not only to cognitive, intellectual learning, but also to learning how to live with one another and to respect one another as independent human beings with important emotional needs to be met.

4. My fourth objective is to place emphasis in language programming on the formative preschool years, to include the nursery-age child. Perhaps concentration should center on a program of language that emphasizes sensory-perceptual instruction. (Look at the McConnell, Horton, and Smith article, "Language Development and Cultural Disadvantagement," in *Exceptional Children*, April, 1969.) Our laws and regulations currently state our responsibility to three-year-old children. Let's take this provision more seriously and broaden its scope, too. In our attempt in the State Department of Education to cope with this objective, we are also proposing legislation this year to provide for group instruction for minors at the age of three years and over.

5. Fifth, we must program for children in minority group environments to improve their language proficiency without penalizing their ethnic group identity. I am suggesting we all need to

understand one another, but not at the expense of degradation of another. Is it possible to teach a standard of language that we accept in our society without destroying another's language – language which may be different but important as an integral part of another individual's identity? I appeal to you to implement a language program placing special importance on understanding and accepting a language different than your own. At the same time, continue to place in perspective the need for others to also learn and perfect *your* language standards.

6. My sixth and last recommended objective is to assist the classroom teacher in the area of language problems. Perhaps this should not be so much a role superimposed on the full-time speech clinician, but should be one that the full-time language specialist primarily working with teachers should accept.

These six objectives or suggestions by no means add up to a remedy or panacea for all the needs of language-disadvantaged children. Let's hope, if implemented, they are the beginning, at least. Let's all work together in making at least a start, or if you have already started, in making a more vigorous effort to refine our programming. In accomplishing these and other objectives, we need to improve our college and university training – make it more germane and pertinent to community needs; perhaps revamp the training programs. Build on to existing curricula rather than discard valuable training, but also modify when necessary. We often do need to modify our roles as clinicians and teachers. By all means, we need to strengthen language training in the schools by making it a focal point rather than a subsidiary, auxiliary, or secondary aspect of the child's education – particularly for the child in "exceptional children" programs.

Evidence has been accumulating for years to show the importance and inseparability of language and cognitive ability, concept formation, problem-solving ability, and intelligence. There is more and more proof that language depends greatly upon the verbal climate in which the child lives as well as upon his intact sensory and neurological system. So, a part of our mandate in programming for the language-handicapped child is to take cognizance of this evidence and employ the conclusions rather than ignore them. We have our work cut out for us in relation to the child with a "language disorder."

In conclusion, hopefully our institute, but more meaningfully *your* work with children in the schools will permit us in the immediate future to address our remarks not to "Comments on the Anachronistic Practices of Language Training as Perpetrated by an

Unenlightened Citizenry, Professionals, and Misguided Pedagogues Against Inmates of the Public Schools," but instead to, "Comments on Pertinent Practices of Language Training as Supported by an Enlightened Citizenry, Professionals, and Well-Informed Administrators for the Welfare and Development of Individuals in the Public Schools."

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Program of the Institute

Hilton Inn
San Diego, California

Saturday, November 1, 1969

Registration

8–10:30 a.m. . . . . Foyer

GENERAL SESSION

10–11:50 a.m. . . . . Bounty Room

PRESIDING: Frederick E. Garbee, Consultant in Education of the Speech and Hearing Handicapped, California State Department of Education

A Message from the U.S. Office of Education, Robert L. Mulder, Coordinator, Speech and Hearing Unit, U.S. Office of Education, Bureau of Education for the Handicapped

Institute Procedures, Pat Dembowski, Assistant Professor, Speech Pathology and Audiology, San Diego State College

Need for Language Programs in California Schools, Edward B. Stark, Consultant in Education of the Speech and Hearing Handicapped, California State Department of Education

The Role of the Speech and Hearing Specialist in the Management of Language Disorders in Children, Michael Marge, Acting Deputy to the Deputy Assistant Secretary for Planning, Research, and Evaluation, U.S. Office of Education

Luncheon

11:50 a.m.–1:30 p.m. . . . . Nightingale Room

GENERAL SESSION – Continued

1:30–3 p.m. . . . . Bounty Room

Language Acquisition: Normal and Deviant, Paula Menyuk, Research Associate, Massachusetts Institute of Technology

Break

GROUP DISCUSSION SESSIONS

3:30–5 p.m. . . . .
Group 1, Joan Baratz, Leader — Ark Room
Group 2, June Cooper, Leader — Bounty Room

Group 3, Gerald Freeman, Leader	Constitution Room
Group 4, Doris Johnson, Leader	Cutty Sark Room
Group 5, Kenneth Johnson, Leader	Nightingale Room
Group 6, Laura Lee, Leader	Nina Room
Group 7, Paula Menyuk, Leader	Pinta Room
Group 8, Rolland Van Hattum, Leader	Santa Maria Room

Film Theatre

7:30–9:30 p.m. . . . . .Nina Room

Sunday, November 2

GENERAL SESSION

9–10:15 a.m. . . . . Bounty Room

PRESIDING: Edward B. Stark

New Dimensions for the Speech and Hearing Program in the School: Language and the Retarded Child, Rolland Van Hattum, Chairman, Communications Disorders, State University College at Buffalo, New York

Break

GROUP DISCUSSION SESSIONS

10:30 a.m.–12 noon . . . .

Group 1, Joan Baratz, Leader	Ark Room
Group 2, June Cooper, Leader	Bounty Room
Group 3, Gerald Freeman, Leader	Constitution Room
Group 4, Doris Johnson, Leader	Cutty Sark Room
Group 5, Kenneth Johnson, Leader	Nightingale Room
Group 6, Laura Lee, Leader	Nina Room
Group 7, Paula Menyuk, Leader	Pinta Room
Group 8, Rolland Van Hattum, Leader	Santa Maria Room

Luncheon

12 noon–1:30 p.m. . . . . Nightingale Room

GENERAL SESSION – Continued

1:30–3 p.m. . . . . Bounty Room

False Assumptions Educators Make About the Nonstandard Negro Dialect, Kenneth R. Johnson, Assistant Professor of Education, University of Illinois

Break

GROUP DISCUSSION SESSIONS

3:15–4:30 p.m. . . . .

Group 1, Joan Baratz, Leader	Ark Room
Group 2, June Cooper, Leader	Bounty Room
Group 3, Gerald Freeman, Leader	Constitution Room
Group 4, Doris Johnson, Leader	Cutty Sark Room
Group 5, Kenneth Johnson, Leader	Nightingale Room
Group 6, Laura Lee, Leader	Nina Room
Group 7, Paula Menyuk, Leader	Pinta Room
Group 8, Rolland Van Hattum, Leader	Santa Maria Room

Film Theatre

7:30–9:30 p.m. . . . . .Nina Room

Monday, November 3

GENERAL SESSION

8:30–10 a.m. . . . . Bounty Room

PRESIDING: Frederick E. Garbee

SUMMARY PRESENTATIONS:

Clinical Goals for Preschool Language Development Programs, Laura L. Lee, Associate Professor, Speech Pathology, Northwestern University

Language Programs in Special Education, Gerald G. Freeman, Director, Speech and Hearing Clinic, Oakland Schools, Pontiac, Michigan

Variables in the Educational Programming for Children with Language Disorders, Doris Johnson, Assistant Professor, Language Pathology, Northwestern University

Break

PRESIDING: Edward B. Stark

SUMMARY PRESENTATIONS:

The Realities of Training Speech Therapists for the Minority Child, June M. Cooper, Assistant Professor, Speech Pathology and Audiology, California State College, Long Beach

The Role of the Speech Professional in Dealing with the Language Problems of Negro Dialect Speakers, Joan C. Baratz, Co-Director, Education Study Center, Washington, D.C.

Implications for Language Programs in California Schools, Frederick E. Garbee

Luncheon and Evaluation

11:45 a.m.–1:15 p.m. . . . . Nightingale Room

GENERAL SESSION – Continued

1:15–3 p.m. . . . . Bounty Room

PRESIDING: Michael Marge

Specific Answers on Language Programming for the Speech and Hearing Specialist, Joan C. Baratz, June M. Cooper, Gerald G. Freeman, Doris J. Johnson, Kenneth R. Johnson, Laura L. Lee, Paula Menyuk, and Rolland Van Hattum

Adjournment

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